

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 14/02/2022 14:38 (SGT) Date of Accident 13/02/2022 15:00 (SGT) Exact Location of Accident Tampines, Singapore Additional Location Information TAMPINES ST 71 TWDS ST 73 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJF5744D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner

KOH JIAN WAY NRIC No. S9625715E

Email Address KOHJIANWAY@GMAIL.COM Mobile Phone No (Phone) +65-91529937

Alternative Phone No +65-91529937

VEHICLE PARTICULARS

Manufacturer Honda Model Civic Variant

Exact purpose for which vehicle was being used at time of

accident Private use

Are you claiming under your own insurance policy for repair to your vehicle?

No - Reporting only Vehicle Category Private car Transmission Auto

CC 1298

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd

Type of Coverage ThirdParty Fleet Policy Nο

Policy Number 5124782060

Cover Note Number

DRIVER

Name of Driver KOH JIAN WAY NRIC No. S9625715E

Date Of Birth 22/07/1996 Occupation Indoor Date Of Driving Pass 26/07/2016 Driving experience 5 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-91529937 Alt. Phone Number +65-91529937 Email Address KOHJIANWAY@GMAIL.COM Address BLK 711 TAMPINES ST 71 Address complement #15-126 Postcode 520711 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Tampines Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005871999 Alt. Police Station Phone No (Fax) +65-65871699 Police Station Address 6 Tampines Ave 4 Singapore 529682 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMP4144D Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	DAVID CHAN
Contact Number	(Phone) +65-91803662
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	KOH JIAN WAY Male (Phone) +65-91529937 BLK 711 TAMPINES ST 71 #15-126 520711 SJF5744D Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA) | understand, acknowledge, agree and consent that:
 - My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle[s] involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
 - all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.

Name:

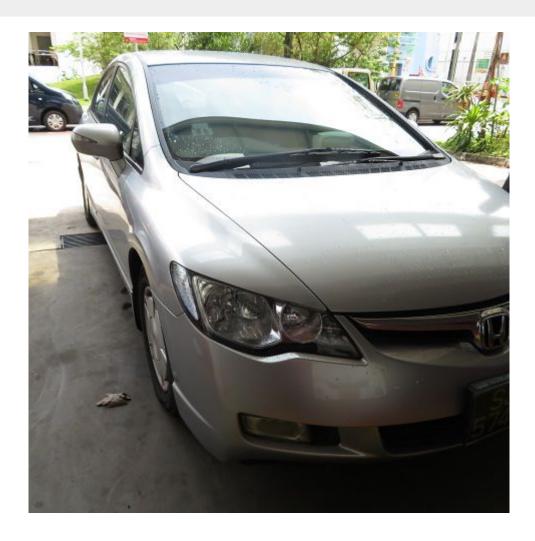
SKET CH PLAN

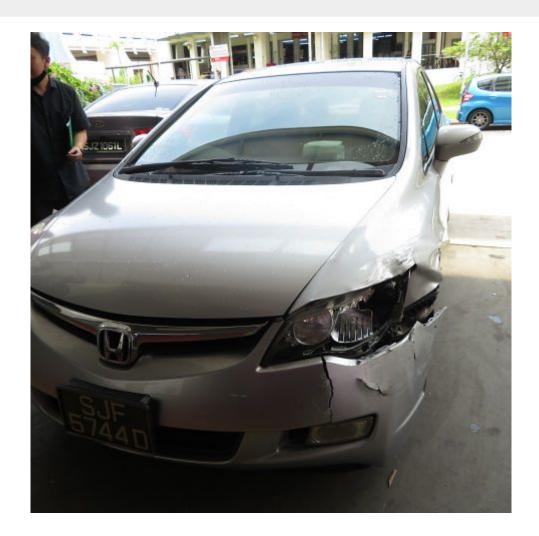


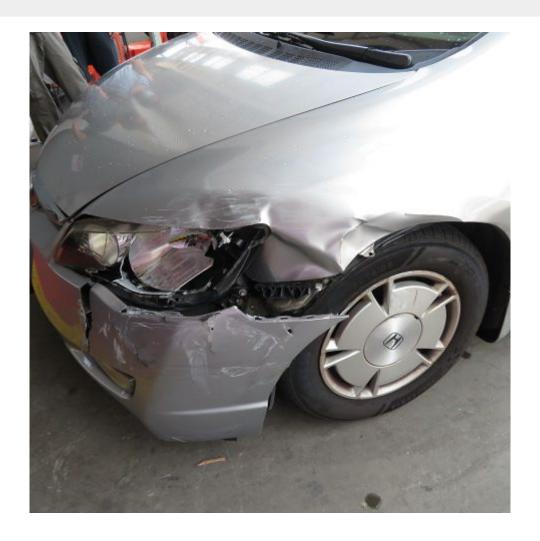
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As per Pu	110 KG	epor			
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	and the second				
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ndly take note that yo	u have 14 d	ays to revert to Own Insur	ance Claim (o	wn damage).	
Claim OD / TP At Falco		Claim OD / TP Own W		Reporting Only	
RATION				×1	
eclare the foregoing particu	lars are true in	every respect.		X	
older's Signature Date	Driver's S	ignature	Reporting	Centre Personnel's Signature	
		river is not the policyholder) Date ime:		Name:	

NRIC/FIN No.:

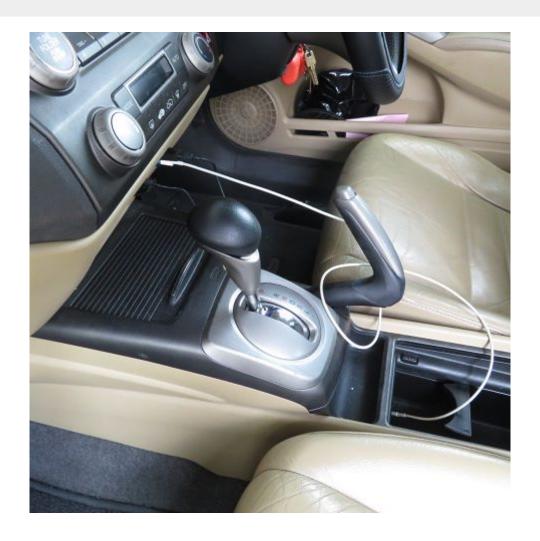
























P^{이lice} Station Of Origin: T^ampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

T € No: 1800-5871999

1 of 3 Report No. T/2022Q213/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2022 20:43		Made:	Vide Report No.: Station Diary No G/20220213/0169 62		
Informa	nt's Partic	ulars			
Name of Informant: KOH JIAN WAY			Address: APT BLK 711 TAMPINES STREET 71 #15-126 SINGAPORE 520711		
ID Type / ID No.: NRIC NO / S9625715E			Contact No.: Home/Office: Mobile: 91529937		
Nationality: SINGAPORE CITIZEN			Email: kohjianway@gmail.com		
Sex: Age: Date of Birth: Male 25 22/07/1996			Type of Informant: Driver		
Race: Chinese			Language: Institution / School Nar English		
Occupation: Chemical engineer (general)			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambula	nce Driv	100	Date/Time of Accident: 13/02/2022 15:00	Type of Location Straight Road	
Location: TAMPINES S Weather:		Road Surfa	ce:	ı	Road Speed Limit:	
Cloudy		Dry		12.5	P. 100 C.	
Traffic Flow: Traffic Two Way Not C				1	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same					Ariyone conveyed by	

Details of V	ehicle Invo	lved			and Section 1	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJF5744D	Car	HONDA	CIVIC IMA A	Silver	Slightly Damaged	0
SMP4144D	Car	HONDA	CIVIC 1.6 VTI CVT	Silver	Seriously Damaged	13297

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJF5744D	NTUC Income Insurance Co-Operative Limited	5124782060	29/11/2021	01/12/2022



Police Station Of Origin: Tempines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

2 of 3 Report No. T/20220213/2061

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	Use of Pe	edestriar	Cross	sing: NA		
Driver						
Name	KOH JIAN WAY	KOH JIAN WAY				S9625715E
Related Vehicle	SJF5744D (Car)			Contact No.		91529937
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	13/02/2022		Date Disc	charge	13/02	2/2022
No. of Days gran	ted Medical Leave	Degree o	of Injury Slight		t	
Driver			VERTICAL PROPERTY.			
Name	DAVID CHAN			ID No		NIL
Related Vehicle	NIL			Conta	ct No.	91803662
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Section of the section of	Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 13/02/2022 at about 3pm, I was driving along Tampines Street 71 heading towards Tampines Street 73. Upon reaching the split lane, I noticed a silver car SMP4144D had parked along road, beside Blk 733 Tampines Street 71. As I intended to turn right to Tampines Street 73, I overtook him slowly on the right. Suddenly, the later car moved off and swerved right and hit me on my front left side of my vehicle.

The damages sustained to my vehicle was broken bumper, smashed headlight and broken mudguard. The other vehicle sustained damages till his front right tyre came off and needed to be towed.

I wish to state that though I was sure that the other vehicle has stopped along the road, I was not sure if he had initially parked there.

I wish to further state that I suspected the other vehicle was trying to make a U-turn from where he was without checking his blind spot.





Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999 CONTINUATION OF REPORT

3 of 3 Report No. T/20220213/2061

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer G / SR STAFF SGI IDIL BIN MOHAME	V	Signature Of Informant:		
Signature Of Interpreter: Not applicable		Date/Time: 13/02/2022 20:43		
Officer In Charge Of Case: TP / GIT / STAFF SGT MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247		Classification Of Case:		
NP 168	POLICE FOR			
		CNATUR		



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours - Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	A	DDENDUM						
1)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:							
	Original Report No :SFOG222E 0	008 Vehicle Registration No: SJF 5744D						
	Name(as shownin NRIC) :	NRIC/FIN/Passport No :						
	(* Vehicle Driver / Vehicle Owner) (*) Please d	(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate						
	Address :	Singapore(
	Contact (Tel)	Mobile No.:						
	Email Address :							
	Date of Accident : $13/02/22$	Time of Accident : 1500 hr ·						
	Insurance Company: NTUC							
		\/						
		. (8)						
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: + 0 2 2 2 2 2 2 2 2 2						