

# 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 withholding 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.
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
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### 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 .....	No
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 .....	Male
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 .....	2
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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? .....	No
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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMP4144D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

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

## SKETCH PLAN

**IMPORTANT NOTICE**

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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.
5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 lodgment 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.
8. **Consent under the Personal Data Protection Act (PDPA)** I understand, acknowledge, agree and consent that:
  - (a) 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")
  - (b) 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
  - (c) 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  
Name: 14/02/22  
NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report:

\* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

Reporting Only

I/We declare the foregoing particulars are true in every respect.

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



































# SINGAPORE POLICE FORCE



T/20220213/2061

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

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Report No. T/20220213/2061

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2022 20:43		Vide Report No.: G/20220213/0169		Station Diary No.: 62	
<b>Informant's Particulars</b>					
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: Male	Age: 25	Date of Birth: 22/07/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Chemical engineer (general)			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/02/2022 15:00	Type of Location: Straight Road
Location: TAMPINES STREET 71				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	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	0

## Details of Vehicle Insurance

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



**SINGAPORE  
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Tel No: 1800-5871999

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Report No. T/20220213/2061

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH JIAN WAY	ID No.	S9625715E
Related Vehicle	SJF5744D (Car)	Contact No.	91529937
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/02/2022	Date Discharge	13/02/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	DAVID CHAN	ID No.	NIL
Related Vehicle	NIL	Contact No.	91803662
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of 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.



**SINGAPORE  
POLICE FORCE**



T/20220213/2061

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6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20220213/2061

CONTINUATION OF REPORT

**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 Recording The Report:  
G / SR STAFF SGT MOHAMED  
IDIL BIN MOHAMED ALI

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



SIGNATURE



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: S66550020G / GST Reg. No.: M400017735

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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SF0G222E0008 Vehicle Registration No: SJF5744D  
 Name (as shown in NRIC): \_\_\_\_\_ NRIC/FIN/Passport No.: \_\_\_\_\_  
 (\* 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: 1500hr  
 Place of Accident: \_\_\_\_\_  
 Insurance Company: NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To upload Accident scene photos.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: 14/02/22  
 Date: