

# 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 ..... 28/02/2022 16:13 (SGT)  
Date of Accident ..... 26/02/2022 18:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG STADIUM WALK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK8749P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... JAYDEN ENTERPRISE  
Company Reg No ..... 5XXXX698W  
Email Address ..... KOHENG GUAN8283@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-86611358  
Alternative Phone No ..... +65-86611358

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2754

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00041312100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KOH ENG GUAN (XU YONGGUAN)  
NRIC No ..... SXXXX253F

Date Of Birth .....	21/04/1983
Occupation .....	Outdoor
Date Of Driving Pass .....	05/01/2004
Driving experience .....	18 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-86611358
Alt. Phone Number .....	-
Email Address .....	KOHENGGUAN8283@GMAIL.COM
Address .....	BLK 344 UBI AVENUE 1
Address complement .....	#09-1109
Postcode .....	400344
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Side Swipe
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220227/7015

#### 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 .....	SLF9312S
Vehicle Manufacturer .....	Volkswagen
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver ..... -  
 Contact Number ..... -  
 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 ENG GUAN (XU YONGGUAN)
Gender .....	Male
Phone No .....	(Phone) +65-86611358
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK AND NECK (SLIGHT)
Injured person in which vehicle? .....	GBK8749P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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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.
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.

Reg No: S3337698W  
Jayden Enterprise

KOH

Policyholder's Signature / Date & Time

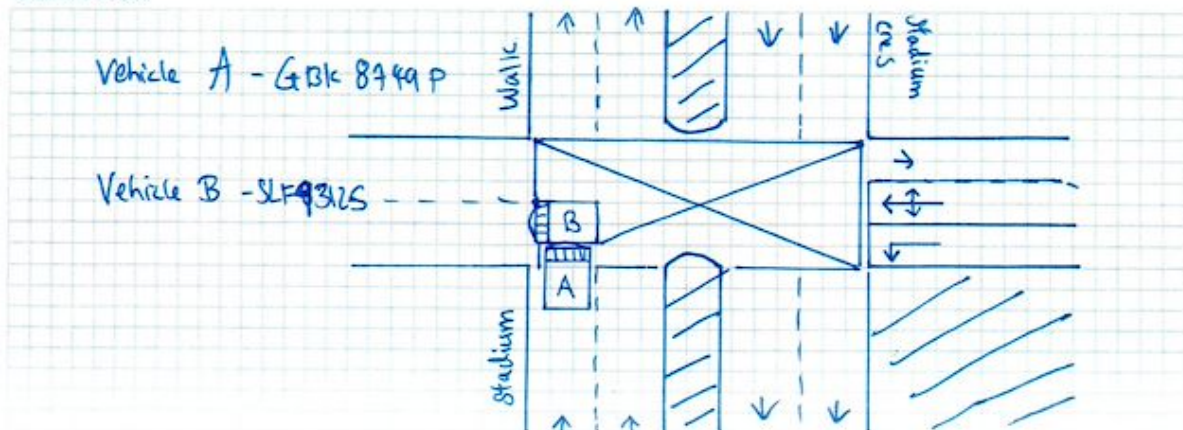
KOH

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

R 28/2/22

Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

Refer to the police Report.

(T1W22022717015)

## Declaration

We declare the foregoing particulars are true in every respect.

Jayden Enterprise  
Reg.No:53337698W

KAD  
Policyholder's Signature / Date &  
Time

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

Dr 28/2/2022  
Witnessed by Reporting Centre  
Personnel



































※注 輕積時：積載量500kg未滿  
定積時：積載量500kg以上  
26G61 M0

CHASSIS NO : GDH2012015268  
U.W. : 1800 KG  
M.L.W. : 3205 KG  
PASS. CAP. : 02  
TYRE SIZE : F.195/80R-15  
                  : R.195/80R-15(S)



**SINGAPORE  
POLICE FORCE**



T/20220227/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20220227/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/02/2022 16:06		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KOH ENG GUAN			Address: 344 UBI AVENUE 1 #09-1109 SINGAPORE 400344		
ID Type / ID No.: NRIC NO / S8312253F			Contact No.: Home/Office: Mobile: 86611358		
Nationality: SINGAPORE CITIZEN			Email: kohengguan8283@gmail.com		
Sex: Male	Age: 38	Date of Birth: 21/04/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self employed			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/02/2022 18:45	Type of Location: Straight Road
Location:  STADIUM WALK				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK8749P	Van	TOYOTA	Hiace	White	Seriously Damaged	0
SLF9312S	Car	VOLKSWAGO N		Blue	Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20220227/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220227/7015

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH ENG GUAN	ID No.	S8312253F
Related Vehicle	GBK8749P (Van)	Contact No.	86611358
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	26/02/2022	Date	26/02/2022
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

My vehicle (GBK8749P) was travelling straight along stadium walk, suddenly this vehicle (SLF9312S) from opposite carpark exit gantry dash recklessly across stadium walk and stadium crescent, I couldn't stop in time and my front portion of my vehicle(GBK8749P) bang onto the left portion of the vehicle(SLF9312S). The passenger of the vehicle(SLF9312S) was convey to the hospital and I felt unwell after the accident and I went to kovan intemedical to see the doctor and I was given 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20220227/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220227/7015

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
27/02/2022 16:06

Classification Of Case:

NP168