Your NCD will be affected due to late reporting

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.
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	09/05/2022 16:45 (SGT)
Date of Accident	02/05/2022 19:55 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	BEFORE GEYLANG LORONG 13
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL3748U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KOH CHEE GUAN SERVICE
Company Reg No	5XXXX518L
Email Address	xxcheeguanxx@hotmail.com
Mobile Phone No	(Phone) +65-88186969
Alternative Phone No	+65-88186969

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	2488

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00074752100
Cover Note Number	-

DRIVER

Name of Driver	KOH CHEE GUAN
NRIC No	SXXXX755A

Date Of Birth	22/08/1992
Occupation	Outdoor
Date Of Driving Pass	31/03/2011
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88186969
Alt. Phone Number	-
Email Address	xxcheeguanxx@hotmail.com
Address	BLK 691D WOODLANDS DRIVE 73 #10-69
Address complement	-
Postcode	734691
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HUANG XIAOYAN
Gender	Female

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

PLEASE REFER TO POLICE REPORT T/20220505/7052

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	SJQ5148S
Vehicle Manufacturer	-

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 CHEE GUAN
Gender	Male
Phone No	(Phone) +65-88186969
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	GBL3748U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HUANG XIAOYAN
Gender	Female
Phone No	(Phone) +65-86919191
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	GBL3748U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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 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.

CHEE GUAN SERVICE

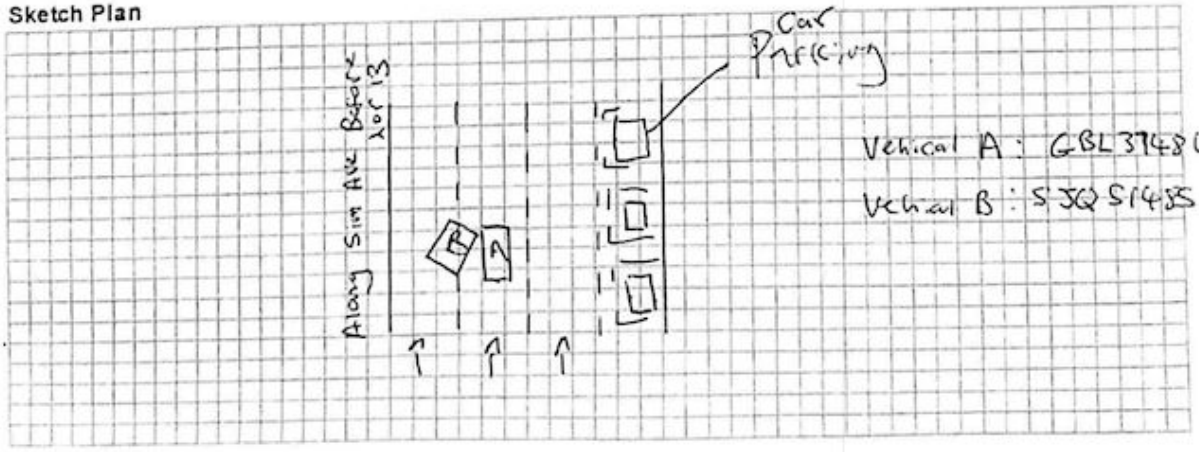
Policyholder's Signature / Date & Time

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

09/05/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to T/20220505/7052
Police Report

Declaration

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

KOH CHEE GUAN SERVICE

Policyholder's Signature / Date & Time

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

09/05/2022

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5


NISSAN MOTOR CO., LTD. JAPAN
型式 TYPE TIPO
CBF-VR2E26
CHASSIS NO. NO. DE CHASIS
VR2E26-132419
MODEL MODELO
MDA2RDKE26ED3EBG--
カラー COLOR, TRIM トリム COLOR, GUARNICION
KAD W
エン ENGINE ジン MOTOR
QR20(DE) 1998 cc
ミッション TRANS., AXLE アクスル TRANS., EJE
RE5R05A CA41
日産自動車株式会社
工場 PLANT PLANTA
9
MADE IN JAPAN
VR2E26-132419

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10


KOH CHEE GUAN SERVICE
691D WOODLANDS DRIVE 73
#10-69 ADMIRALTY FLORA
SINGAPORE 734691
REG NO 53435518L
1 DRIVER 2 OTHERS

SINGAPORE POLICE FORCE

T/20220505/7052

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

Report No. T/20220505/7052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
05/05/2022 23:38		

Informant's Particulars

Name of Informant: KOH CHEE GUAN			Address: 691D WOODLANDS DRIVE 73 #10-69 SINGAPORE 734691	
ID Type / ID No.: NRIC NO / S9229755A			Contact No.: Home/Office: Mobile: 88186969	
Nationality: SINGAPORE CITIZEN			Email: XXCHEEGUANXX@HOTMAIL.COM	
Sex: Male	Age: 29	Date of Birth: 22/08/1992	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/05/2022 19:55	Type of Location: Straight Road
Location: SIMS AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL3748U	Van					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20220505/7052

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

Report No. T/20220505/7052

CONTINUATION OF REPORT

Passenger					
Name	HUANG XIAOYAN			ID No.	S9475872F
Related Vehicle	GBL3748U (Van)			Contact No.	86919191
Hospital/Clinic	CENTRAL 24-HR CLINIC (WOODLANDS)			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/05/2022		Date	03/05/2022	
No. of Days granted Medical Leave	02		Degree of	Slight	
Driver					
Name	KOH CHEE GUAN			ID No.	S9229755A
Related Vehicle	GBL3748U (Van)			Contact No.	88186969
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL	

Brief Details.
On the mention date and time I was driving plate bareing GBL3748U with my wife HUANG XIAOYAN S9475872F on the front left passenger seat we were all belted. We were traveling straight suddenly vehicle plate SJQ5148S bareing cut into my lane from my left and hit on my vehicle. Cause my front left pessanger door bumper and my left headlight damage. We alighted and I took down the vehicle plate and have discussed we will go for insurance claim.

At late evening I felt my neck and back pain and my wife HUANG XIAOYAN S9475872F on 3/5/22 we when to nearby clinic CENTRAL 24-HR clinic at woodland and seek for medical check and was given 2 day of MC each doctor have given us a memo on our injury for insurance claim popuse.

SINGAPORE POLICE FORCE

T/20220505/7052

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

Report No. T/20220505/7052

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/05/2022 23:38
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN082259000A Vehicle Registration No: GBL 3748U

Name (as shown in NRIC): Koh Chak Guan NRIC/FIN/Passport No: SXXXX755H

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: ______ Singapore ( )

Contact (Tel): ______ Mobile No.: 87876969

Email Address: ______

Date of Accident: 08/05/2022 Time of Accident: 19:55

Place of Accident: Sims Ave B/F Geylang Lor 13

Insurance Company: others company

(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:

Inserted vehicle number to GBL 3748U

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature 24/05/2022
Name:
NRIC/FIN No.:
Date:

GIARMC Addendum Form