

## 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 .....	17/05/2022 12:55 (SGT)
Date of Accident .....	15/05/2022 16:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	359A Tampines Street 34 MSCP at the carpark gantry
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMN8910T
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KH LEASING PTE. LTD.
Company Reg No .....	201611813C
Email Address .....	kahupleasing@gmail.com
Mobile Phone No .....	(Phone) +65-85182081
Alternative Phone No .....	+65-85182081

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	5112391915-02
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	TIMOTHY KOH ZE XUAN
NRIC No .....	S9735474Z

Date Of Birth .....	11/10/1997
Occupation .....	Outdoor
Date Of Driving Pass .....	17/10/2017
Driving experience .....	4 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90699120
Alt. Phone Number .....	-
Email Address .....	kahupleasing@gmail.com
Address .....	APT BLK 358 TAMPINES STREET 33
Address complement .....	#03-648
Postcode .....	S520358
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Collided into Parked Vehicle
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) .....	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

Refer to sketch plan

#### 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 .....	SLK7310J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	MUHAMMAD DINIE BIN AZIZ
NRIC No .....	S9703097I
Contact Number .....	(Phone) +65-87487355
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	TIMOTHY KOH ZE XUAN
Gender .....	Male
Phone No .....	(Phone) +65-90699120
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMN8910T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

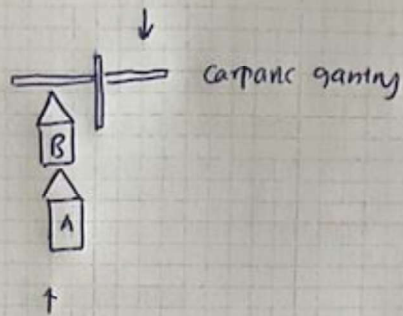
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 17/05/2022  
1245 hr



Reporting Centre Personnel's Signature  
Name: Eugene Lee  
NRIC/FIN No.: S991887

SKETCH PLAN



A: SMN8910T  
B: SLIC 7310J

359A Tampines Street 34

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: T/20220516/7007

DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 17/05/2022  
1245hr

Reporting Centre Personnel's Signature  
Name: Eugene Lee  
NRIC/FIN No.: 5991882





















**SINGAPORE  
POLICE FORCE**



T/20220516/7007

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

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Report No. T/20220516/7007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/05/2022 11:54	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: TIMOTHY KOH ZE XUAN			Address: 358 TAMPINES STREET 33 #03-648 SINGAPORE 520358		
ID Type / ID No.: NRIC NO / S9735474Z			Contact No.: Home/Office: Mobile: 90699120		
Nationality: SINGAPORE CITIZEN			Email: TIMOTHYKOH97@GMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 11/10/1997	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Private hire driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/05/2022 16:15	Type of Location: Car Park
Location:  TAMPINES STREET 34				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SLK7310J	Car	MERCEDES BENZ		Black	Slightly Damaged	0
SMN8910T	Car					0





**SINGAPORE  
POLICE FORCE**



T/20220516/7007

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

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Report No. T/20220516/7007

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD DINIE BIN AZIZ	ID No.	S97030971
Related Vehicle	SLK7310J (Car)	Contact No.	87487355
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
Driver			
Name	TIMOTHY KOH ZE XUAN	ID No.	S9735474Z
Related Vehicle	SMN8910T (Car)	Contact No.	90699120
Hospital/Clinic	KHOR CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/05/2022	Date	16/05/2022
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On 15 May 2022 at about 4.15pm I was driving m/car no SMN 8910 T and was on my way out of the carpark at Blk 359A, Tampines Street 34 when there was another m/car no SLK7310J who was just in front of me at the carpark exit gantry. I stopped behind him as I thought he was having trouble with the gantry. However, he started to reverse and I thought he was just trying to position his car closer to the gantry IU detector to read his IU. However when he reversed he continued reversing and didn't stop. So I honked him but he still did not stop and violently collided on to my car. He apologised for hitting me and said he was too tired from playing soccer and wrote a confession that he was in the wrong. At first I thought of settling with him but later on I felt pain on my lower back and now wish to claim against his motor insurance for my injury & loss of income & damages as a result of the accident. I had seek medical treatment for my injury at Khor Clinic & Surgery & was given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20220516/7007

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

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Report No. T/20220516/7007

**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 /  
BOON YEN KIAN  
Contact No.: 65476172

NP168

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

Date/Time:  
16/05/2022 11:54

Classification Of Case:

