

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 17:15 (SGT)
Date of Accident 17/05/2022 08:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information TPE TOWARDS CHANGI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP6477S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KOH2Y ENTERPRISE
Company Reg No 13861
Email Address KOHGOK@GMAIL.COM
Mobile Phone No (Phone) +65-91725287
Alternative Phone No +65-91725287

VEHICLE PARTICULARS

Manufacturer Suzuki
Model Swift
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 1400

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number VCX/P2391634
Cover Note Number -

DRIVER

Name of Driver KOH YEE YONG
NRIC No S8932238C

Date Of Birth	03/09/1989
Occupation	Outdoor
Date Of Driving Pass	13/06/2011
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91725287
Alt. Phone Number	-
Email Address	KOHGOK@GMAIL.COM
Address	BLK 437 YISHUN AVENUE 6
Address complement	-
Postcode	760437
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	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?	No
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GINA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER 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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN (RIDER)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	UNKNOWN(PILLION)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

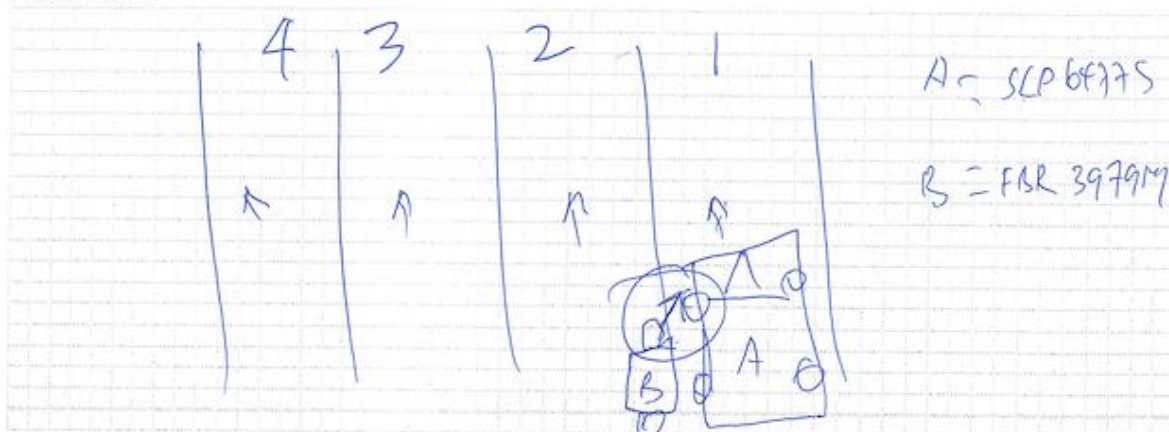
KOH2Y ENTERPRISE
UEN : 53323730X

17/11/2024

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident


I WAS DRIVING ALONG THE TOWARDS CHANGI
REFER TO POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.


KOH2Y ENTERPRISE
UEN: 53323730X

Policyholder's Signature / Date &
Time


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

KOH2Y ENTERPRISE
UEN : 53323730X

Witnessed by Reporting Centre
Personnel



























**SINGAPORE
POLICE FORCE**



T/20220517/2016

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20220517/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2022 10:29		Vide Report No.: F/20220517/0055		Station Diary No.: 16
Informant's Particulars				
Name of Informant: KOH YEE YONG		Address: APT BLK 437 YISHUN AVENUE 6 #09-2066 SINGAPORE 760437		
ID Type / ID No.: NRIC NO / S8932238C		Contact No.: Home/Office: Mobile: 91725287		
Nationality: SINGAPORE CITIZEN		Email: kohgok@gmail.com		
Sex: Male	Age: 32	Date of Birth: 03/09/1989	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		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: 17/05/2022 08:40	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Lamp Post Number: 593				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
FBR3979M	Motorcycle					1
SLP6477S	Car				Slightly Damaged	1

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



**SINGAPORE
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T/20220517/2016

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9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20220517/2016

CONTINUATION OF REPORT

Driver			
Name	KOH YEE YONG	ID No.	S8932238C
Related Vehicle	SLP6477S (Car)	Contact No.	91725287
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/05/2022 at about 0840hrs, I was driving along Tampines Expressway towards Changi in my vehicle (SLP 6477S) on lane 1 of the 4-lane road. While I was driving straight, I suddenly felt an impact coming from the left front passenger side of my vehicle and I saw a motorcycle (FBR 3979M) fell to the floor together with its rider and pillion. I immediately stopped my vehicle and went down to help them.

There were other road users who also stopped their vehicles to assist me on the accident, they called for ambulance and afterwards both the Traffic Police and ambulance arrived. Both the rider and pillion got conveyed by the ambulance while the Traffic Police officer spoke to me and took the SD card from my in-car CCTV. I was also given a police report number, F/20220517/0055, and was instructed to lodge a police report. The Investigation Officer in-charge is IO Abdillah (H/P: 65476246).



**SINGAPORE
POLICE FORCE**



T/20220517/2016

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20220517/2016

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 /
SGT 3 LIM TING RUI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/05/2022 10:29

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

Classification Of Case:

NP168

