

# 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 ..... 02/06/2022 12:40 (SGT)  
Date of Accident ..... 02/06/2022 07:25 (SGT)  
Exact Location of Accident ..... Near 30 Jln. Ahmad Ibrahim, Singapura 618590  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDY5593T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KOH SOON CHUANG  
NRIC No ..... S1764366E  
Email Address ..... EDWINKOH28@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98224166  
Alternative Phone No ..... (Office) +65-98224166

### VEHICLE PARTICULARS

Manufacturer ..... Chevrolet  
Model ..... Cruze  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... Auto & General Insurance (Singapore) Pte. Limited.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... P10619802R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KOH SOON CHUANG  
NRIC No ..... S1764366E

Date Of Birth .....	08/04/1966
Occupation .....	Indoor
Date Of Driving Pass .....	15/11/1983
Driving experience .....	38 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98224166
Alt. Phone Number .....	(Office) +65-98224166
Email Address .....	EDWINKOH28@GMAIL.COM
Address .....	21 JALAN SHAER
Address complement .....	-
Postcode .....	769367
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

PLEASE REFER TO POLICE REPORT : T/20220602/7007

#### 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 .....	SHB4227G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLQ8187K
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHB4227G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes


Describe Circumstances of the Accident

- Refer to Police Report -

**Declaration**

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

  
 Witnessed by Reporting Centre Personnel

Scanned with CamScanner

# 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

Vehicle A: SDY5593T	WHL (S) 9.4PM	<div style="border: 1px solid black; padding: 5px; text-align: center;">             C              A              B           </div>
Vehicle B: SHB42276		
Vehicle C: SLQ8187F		

























**SINGAPORE  
POLICE FORCE**

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



T/20220602/7007

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Report No. T/20220602/7007

**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 /  
THABAGESH JEYATHESH  
Contact No.: 65476178

NP168

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

Date/Time:  
02/06/2022 11:42

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20220602/7007

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

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Report No. T/20220602/7007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/06/2022 11:42		Vide Report No.: D/20220602/0031		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KOH SOON CHUANG			Address: 21 JALAN SHAER SINGAPORE 769367		
ID Type / ID No.: NRIC NO / S1764366E			Contact No.: Home/Office: Mobile: 98224166		
Nationality: SINGAPORE CITIZEN			Email: EDWINKOH28@GMAIL.COM		
Sex: Male	Age: 56	Date of Birth: 08/04/1966	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 02/06/2022 07:25	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDY5593T	Car	CHEVROLET	CRUZE NB 1.6D 6AT	Brown	Seriously Damaged	0
SHB4227G	Car				Seriously Damaged	1
SLQ8187K	Car				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20220602/7007

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

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Report No. T/20220602/7007

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDY5593T	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10619802R00	29/09/2021	28/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH SOON CHUANG		ID No. S1764366E
Related Vehicle	SDY5593T (Car)		Contact No. 98224166
Hospital/Clinic	FAMILYCARE CLINIC & SURGERY		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	02/06/2022		Date 02/06/2022
No. of Days granted Medical Leave	02	Degree of	Slight

**Brief Details.**

ON 02/06/2022 AT ABOUT 07:25HR, I WAS DRIVING MY VEHICLE - SDY5593T, ALONG AYE IN THE DIRECTION OF TUAS. AT APPROXIMATELY THE 9.4KM MARK, FRONT VEHICLE STOPPED AND I CAME TO A COMPLETE STOP AS WELL. ABOUT 5 SECONDS LATER, I FELT A HUGE IMPACT ON MY VEHICLE'S REAR PORTION. THE HUGE IMPACT CAUSED MY VEHICLE TO PROPELL FORWARD AND HIT ONTO THE FRONT VEHICLE. WHEN I ALIGHTED, I THEN REALISED THAT I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHICLES.

SUBSEQUENTLY, THE PASSENGER OF SHB4227G, WAS CONVEYED TO THE HOSPITAL FROM THE ACCIDENT SCENE & TRAFFIC POLICE ATTENDED AS WELL. I HAD THEN SOUGHT FOR MEDICAL ATTENTION AS WELL AT FAMILYCARE CLINIC & SURGERY AND HAD BEEN GIVEN 2DAYS MC.