

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 Actual 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 29/08/2022 18:43 (SGT)
Reported by Driver
Date of Accident 28/08/2022 05:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG BOUNDARY ROAD AND SERANGOON AVE 2
Country/State of Loss JUNCTION
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGK4124J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM MOI ENG
NRIC No S1171995C
Email Address johnkoh666@gmail.com
Mobile Phone No (Phone) +65-81259459
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kia
Model FORTE K3 1.6A EX
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5116163631-02

DRIVER

Name of Driver KOH GUANG HENG
NRIC No S2017136G
Date Of Birth 08/06/1954

Occupation	Outdoor
Date Of Driving Pass	02/08/1976
Driving experience	46 YEARS
Gender	Male
Mobile Number	(Phone) +65-92777138
Alt. Phone Number	-
Email Address	johnkoh666@gmail.com
Address	104 SERANGOON GARDEN WAY (S) 556000
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 Property
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACH.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX1206H
Vehicle Manufacturer	-
Vehicle Model	-



Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN LYE CHEONG
NRIC No	S1262414Z
Contact Number	(Phone) +65-97489515
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	KOH GUANG HENG
Gender	Male
Phone No	(Phone) +65-92777138
Address	104 SERANGOON GARDEN WAY (S) 556000
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	TSI & PARTNERS FAMILY CLINIC - 5 DAYS MC
Injured person in which vehicle?	SGK4124J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

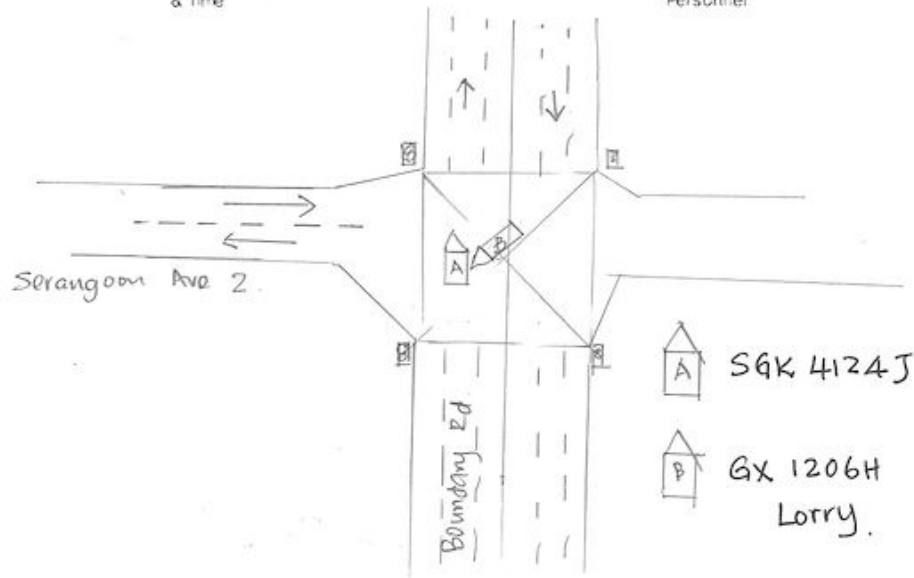
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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 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.

Wife Overseas
Policyholder's Signature : Date & Time
8

Sketch Plan

16:45
29/03/22 X
Driver's Signature (if driver is not the policyholder) : Date & Time


Witnessed by Reporting Centre Personnel




Describe Circumstances of the Accident

Refer police report attached.

Declaration

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

 wife overseas
 Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel























**SINGAPORE
POLICE FORCE**



T/20220829/2119

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 4
Report No. T/20220829/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2022 12:43	Vide Report No.:	Station Diary No.: 63
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Informant's Particulars

Name of Informant: KOH GUANG HENG			Address: 104 SERANGOON GARDEN WAY SINGAPORE 556000		
ID Type / ID No.: NRIC NO / S2017136G			Contact No.: Home/Office: Mobile: 92777138		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 08/06/1954	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 28/08/2022 05:05	Type of Location: X-Junction
Location: BOUNDARY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX1206H	Lorry	NISSAN		Gold	Seriously Damaged	1
SGK4124J	Car	KIA	FORTE K3	Grey	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220829/2119

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20220829/2119

CONTINUATION OF REPORT

Driver			
Name	TAN LYE CHEONG		ID No. S1262414Z
Related Vehicle	GX1206H (Lorry)		Contact No. 97489515
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KOH GUANG HENG		ID No. S2017136G
Related Vehicle	SGK4124J (Car)		Contact No. 92777138
Hospital/Clinic	TSI & PARTNERS FAMILY CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	28/08/2022	Date Discharge	28/08/2022
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 28/8/2022 at about 0505hrs, I was driving my vehicle (registration plate number SGK4124J) on the center lane along Boundary Road towards Ang Mo Kio Avenue 1. When I reached the X-junction between Boundary Road and Serangoon Avenue 2, the traffic light was green hence I drive through the traffic light. While I was just driving pass the traffic light, a lorry (GX1206H) coming from the opposite side of Boundary Road suddenly made a right turn into Serangoon Avenue 2. To avoid the lorry, I swerved my vehicle slightly leftwards. However, the left side of the lorry's front bumper still collided onto the front right side of my vehicle. I would like to state that based on my observations, the driver of the lorry did not step on his brake when making the right turn as the impact of collision was very huge. As a result of the collision, my vehicle swerved into Serangoon Avenue 2 towards the direction of Serangoon Avenue 3. Both of us then came out of our vehicles, and I called for police. Police and ambulance attended to the incident. None of us was conveyed by ambulance.

I would like to state that due to the collision, the front right side of my vehicle was dented, the front right headlamp was smashed, and the front right wheel was bent inwards, and my vehicle could not move, hence it was towed away. I have yet to check on the cost of damage incurred as well. There is an in-car camera facing the front in my vehicle however I am unsure if it captured the incident. As I felt pain on my neck, waist and shoulder areas, I went to see a doctor at TSI & Partners Family Clinic on the same day and was given a Medical Certificate (MC) for 5 days (28/8/2022 - 01/09/2022). I am now lodging this traffic accident report as advised by the police officer that attended to me.



**SINGAPORE
POLICE FORCE**



T/20220829/2119

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20220829/2119

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220829/2119

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20220829/2119

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:

F /

SGT 2 POH WAN XUAN,
GLORIS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/08/2022 12:43

Officer In Charge Of Case:
TP / GIT /
SI GOH WEI LI
Contact No.: 65476394

Classification Of Case:

NP168