

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	01/09/2022 17:01 (SGT)
Reported by	Both
Date of Accident	31/08/2022 18:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG ISLAND CHECKPOINT EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2785D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH SIEN HOCK(XU SHANFU)
NRIC No	SXXXX073A
Email Address	derekkoh76@gmail.com
Mobile Phone No	(Phone) +65-94316010
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	2000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00079802201

DRIVER

Name of Driver	KOH SIEN HOCK(XU SHANFU)
NRIC No	SXXXX073A
Date Of Birth	08/05/1976
Occupation	Indoor

Date Of Driving Pass	12/11/1998
Driving experience	23 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94316010
Alt. Phone Number	-
Email Address	derekkoh76@gmail.com
Address	BLK 101 HILLVIEW RISE
Address complement	#24-07
Postcode	667981
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	Side Swipe
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	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

PLS REFER TO THE ATTACHED STATEMENT

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	XE974D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MR CHOO
Contact Number	(Phone) +65-84028240
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 SIEN HOCK(XU SHANFU)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKW2785D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

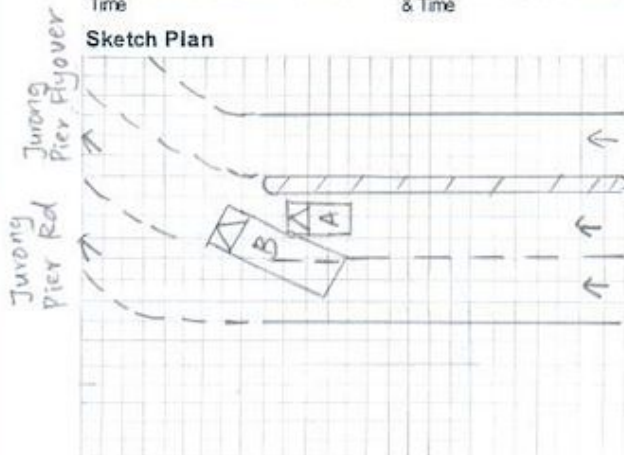
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SKW2785D
B = XE 974D


Describe Circumstances of the Accident


I was driving along Jurong Island Checkpoint Exit on 31-08-2022 at about 1810 hours. I was driving along my lane. Suddenly, Vehicle B cut into my lane and hit onto my left hand side. The huge impact cause my car hit onto the road divider on my right side.

my car both right hand side and left hand side damage.

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

 01/09/22
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220901/7041

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

2 of 3

Report No: T/20220901/7041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH SIEN HOCK	ID No.	S7614073A
Related Vehicle	SKW2785D (Car)	Contact No.	94316010
Hospital/Clinic	FRONTIER MEDICAL ASSOCIATES	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	01/09/2022	Date	01/09/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was exiting Jurong Island Checkpoint and holding towards Jurong Pier Highway to get to AYE. The long trailer which was on the left lane suddenly cut into my lane when we were about to go round a slight bend. If he had gone straight on the lane he was on, he would have gotten towards Jurong Pier Road. The prime mover wheels hit my left side and the main damage is on my rims and side front portion. Because of the impact my car was push to the right and I hit the road divider on my right, causing some damage to my right tyre and rims.

After he moved off, I noted he went in the direction of Jurong Pier Road so I cannot understand why in the first place he cut into my lane....









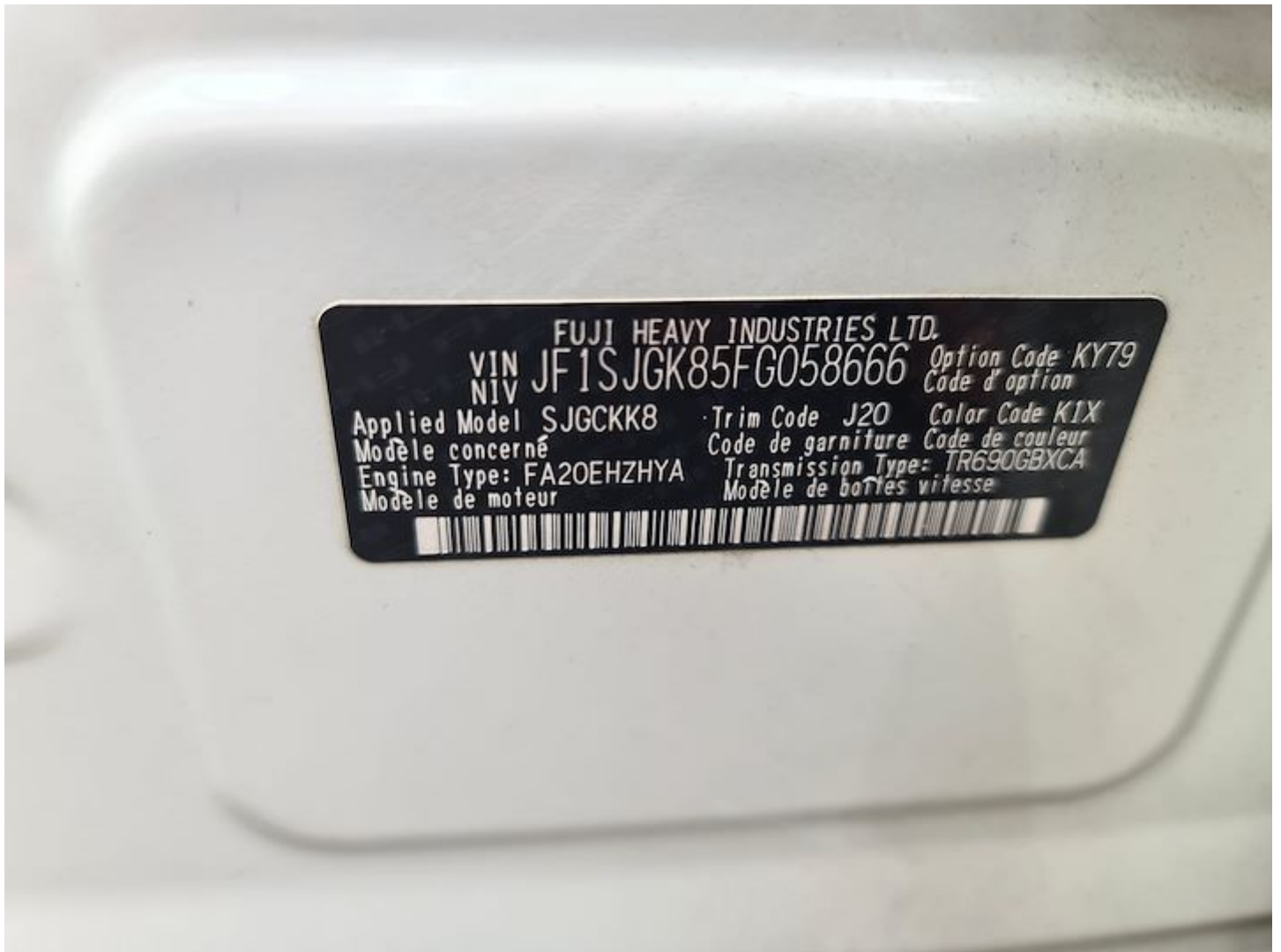
















**SINGAPORE
POLICE FORCE**



T/20220901/7041

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

1 of 3

Report No. T/20220901/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2022 13:17		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH SIEN HOCK			Address: 101 HILLVIEW RISE #24-07 SINGAPORE 667981		
ID Type / ID No.: NRIC NO / S7614073A			Contact No.: Home/Office: Mobile: 94316010		
Nationality: SINGAPORE CITIZEN			Email: DEREKKOH76@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 08/05/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 31/08/2022 18:10	Type of Location: Straight Road
Location: JURONG PIER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 30 Km/h	
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
SKW2785D	Car	SUBARU	FORESTER 2.0XT CVT AWD SR	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW2785D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0007980 2201	24/04/2022	23/04/2023



**SINGAPORE
POLICE FORCE**



T/20220901/7041

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

2 of 3

Report No: T/20220901/7041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH SIEN HOCK	ID No.	S7614073A
Related Vehicle	SKW2785D (Car)	Contact No.	94316010
Hospital/Clinic	FRONTIER MEDICAL ASSOCIATES	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	01/09/2022	Date	01/09/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was exiting Jurong Island Checkpoint and holding towards Jurong Pier Highway to get to AYE. The long trailer which was on the left lane suddenly cut into my lane when we were about to go round a slight bend. If he had gone straight on the lane he was on, he would have gotten towards Jurong Pier Road. The prime mover wheels hit my left side and the main damage is on my rims and side front portion. Because of the impact my car was push to the right and I hit the road divider on my right, causing some damage to my right tyre and rims.

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POLICE FORCE**

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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220901/7041

3 of 3

Report No. T/20220901/7041

CONTINUATION OF REPORTSketch 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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
01/09/2022 13:17

Classification Of Case: