

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 02/09/2022 14:53 (SGT)
Reported by Both
Date of Accident 02/09/2022 08:30 (SGT)
Exact Location of Accident KPE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL2882P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH SIONG HUAT
NRIC No S7975091C
Email Address SIONGHUAT@GMAIL.COM
Mobile Phone No (Phone) +65-90012370
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
Variant ESTIMA AERAS 2.4 A
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 2362

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number P10296715R02

DRIVER

Name of Driver KOH SIONG HUAT
NRIC No S7975091C
Date Of Birth 03/02/1979
Occupation Indoor

Date Of Driving Pass	02/12/2006
Driving experience	15 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90012370
Alt. Phone Number	-
Email Address	SIONGHUAT@GMAIL.COM
Address	120 PUNGGOL WALK
Address complement	#09-44
Postcode	828770
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?	Yes
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JRM6564
Vehicle Category	Commercial vehicle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK4646Z
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)	-


DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH1287Z
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	JRM6564
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)	-

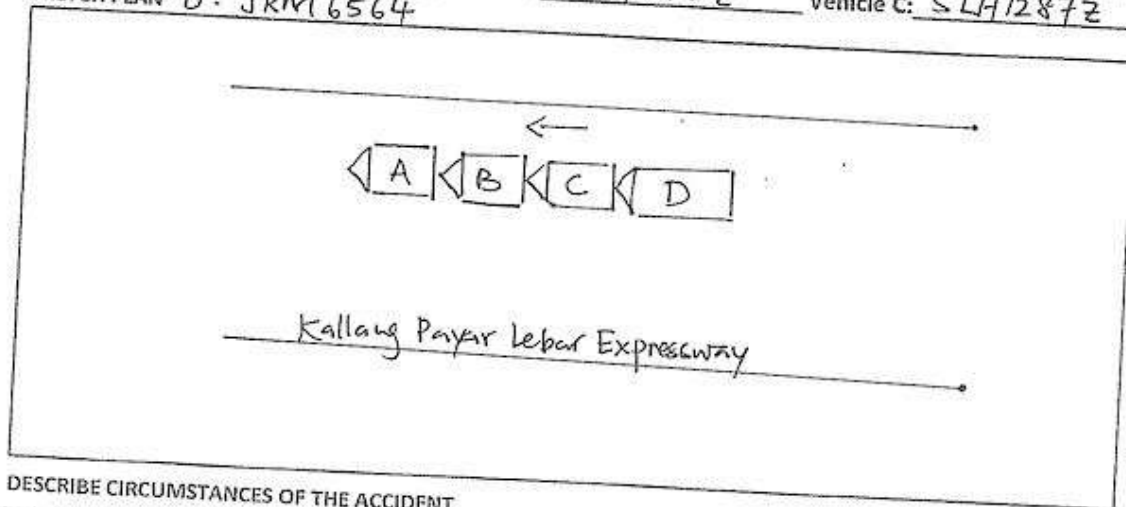
1. These reports are to be used for the purpose of settling the claim process.
2. This form must be completed by the Policyholder and/or the relevant insurer.
3. The information provided must be as truthful and correct as possible and must be consistent with the General Insurance Association of Singapore (GIA) Insurance Policy.
4. The insurer and policyholder agree to provide compliance and acknowledgement to policy conditions and the General Insurance Association of Singapore.
5. Any discrepancy may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the Motor Vehicle Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will also be made available upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the discretion of insurers of the report being made available to the claimant.
8. Consent under the Personal Data Protection Act (PDPA)
 - i. I understand, acknowledge, agree and consent that:
 - (a) "My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 transmit such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers". Our insurer's lawyer/s/whom 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 making 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), who 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 loss;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulatory laws or court orders.


 Policyholder's Signature
 Date: 11/11/2023

Driver's Signature
 Date: 11/11/2023


 Zila Ah Lim
 Reporting Centre / Insurance Company
 Name: Zila Ah Lim
 Date: 11/11/2023

Date of accident: 02/09/22 Time: 0830 Location: Kallang Payar Lebar Expressway
 My Vehicle A: SKL 2882P Vehicle B: SMK 4646 Z Vehicle C: SLH 1287 Z
 SKETCH PLAN D: JRM 6564



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer Attached Police Report

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : Tropical Success Auto Care

Email address : tsac303@singnet.com.sg

& myself : Siong huat@gmail.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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:

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

AH LIM MOTOR COMPANY



**SINGAPORE
POLICE FORCE**



T/20220902/2035

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20220902/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2022 12:52		Vide Report No.: F/20220902/0064		Station Diary No.: 50
Informant's Particulars				
Name of Informant: KOH SIONG HUAT		Address: 120 PUNGGOL WALK #09-44 SINGAPORE 828770		
ID Type / ID No.: NRIC NO / S7975091C		Contact No.: Home/Office: Mobile: 90012370		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 43	Date of Birth: 03/02/1979	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Gaming supervisor		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/09/2022 08:30	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRM6564	Lorry				Slightly Damaged	0
SKL2882P	Car	TOYOTA	ESTIMA AERAS 2.4 A	White	Slightly Damaged	0
SLH1287Z	Car				Slightly Damaged	0
SMK4646Z	Car				Slightly Damaged	0



**SINGAPORE
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Police Station Of Origin:
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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



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Report No. T/20220902/2035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKL2882P	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10296715R02	27/12/2021	26/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	KOH SIONG HUAT	ID No.	S7975091C
Related Vehicle	SKL2882P (Car)	Contact No.	90012370
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

Brief Details.

On the above mention date, time and place, I was driving along the said location. I saw the vehicle in front of me stop, so I stopped as well. I also noticed the vehicle behind me stop as well too.

Out of sudden, I heard a loud bang from behind my vehicle. I saw the vehicle (SMK 4646Z) had hit onto me. I went out of my vehicle and take a look. I discovered at the very end (4th vehicle), it was a lorry who was unable to stop in time, and it hit onto the 3rd vehicle causing the vehicle to move forward and hit onto the 2nd vehicle and causing the 2nd vehicle to hit onto mine.

At that point of time, Traffic Police was at scene and advised me to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20220902/2035

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20220902/2035

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 / SI TAN THIAM HUAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/09/2022 12:52
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:

NP168