

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	16/09/2022 15:21 (SGT)
Reported by	Both
Date of Accident	15/09/2022 07:05 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	TOWARDS TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5729E
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH KIA CHOON
NRIC No	SXXXX897Z
Email Address	dankohman@hotmail.com
Mobile Phone No	(Phone) +65-96646789
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	730i
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	2996

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MQ000694-R01

DRIVER

Name of Driver	KOH KIA CHOON
NRIC No	SXXXX897Z
Date Of Birth	25/09/1974
Occupation	Indoor

Date Of Driving Pass	03/09/1996
Driving experience	26 YEARS
Gender	Male
Mobile Number	(Phone) +65-96646789
Alt. Phone Number	-
Email Address	dankohman@hotmail.com
Address	112 PUNGGOL WALK #16-25
Address complement	-
Postcode	828766
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	Collision - Head to Rear
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)	2
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	-

PASSENGER 1

Name	FRANCESCA KOH
Gender	Female

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 SKETCH PLAN AND POLICE REPORT T/20220916/7015

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	SMD9607R
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	KOH KIA CHOON
Gender	Male
Phone No	(Phone) +65-96646789
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLX5729E
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.
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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 (Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accident


ON THE STATED DATE, AND TIME, I WAS DRIVING MY
 VEHICLE (A) SLX 5729 E, TRAVELLING ALONG KPE TOWARDS THE NITH
 FRANCESCA KOH AS MY PASSENGER. I WAS DRIVING MY VEHICLE
 ON LANE, WHEN I NOTICED THAT AHEAD VEHICLE OF ME WAS
 STOPPED, I ALSO MADE A STOPPED. AFTER I COMPLETED A STOPPED,
 I WAS FELT A MASSIVE IMPACT FROM MY REAR, I ALIGHTED &
 DISCOVERED VEHICLE (B) SMD 9607 R ACCIDENTALLY HIT ONTO
 THE REAR OF MY VEHICLE & MY VEHICLE WAS DAMAGED.


VEH (A) SLX 5729 E
 (B) SMD 9607 R

POLICE REPORT 7/20225916/2015

Declaration

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


 Policyholder's Signature / Date & Time


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

 16/09/2022
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC card)


















**SINGAPORE
POLICE FORCE**

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



T/20220916/7015

1 of 3

Report No. T/20220916/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2022 11:51		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH KIA CHOON		Address: 112 PUNGGOL WALK #16-25 SINGAPORE 828766			
ID Type / ID No.: NRIC NO / S7430897Z		Contact No.: Home/Office:		Mobile: 96646789	
Nationality: SINGAPORE CITIZEN		Email: DANKOHMAN@HOTMAIL.COM			
Sex: Male	Age: 47	Date of Birth: 25/09/1974	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: 15/09/2022 07:05	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One 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	Conditio	No of
SLX5729E	Car	BMW	730LI AT D/AB 4DR SR LED DSC NAV HUD	White	Slightly Damaged	0
SMD9607R	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**

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



T/20220916/7015

2 of 3

Report No. T/20220916/7015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX5729E	TOKIO MARINE INSURANCE SINGAPORE LTD.	MQ000694	23/02/2021	15/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KOH KIA CHOON		ID No.	S7430897Z
Related Vehicle	SLX5729E (Car)		Contact No.	96646789
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/09/2022		Date	15/09/2022
No. of Days granted Medical Leave	02	Degree of	Slight	

Brief Details.

The front vehicle e brake due to heavy traffic infront. I was able to brake in time but Vehicle SMD9607R ram into the rear of my car.

For record purposes only.

**SINGAPORE
POLICE FORCE**

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



T/20220916/7015

3 of 3

Report No. T/20220916/7015

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 /
TAN JEOK LENG
Contact No.: 65476151

NP168

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

Date/Time:
16/09/2022 11:51

Classification Of Case: