

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident? Owner / Driver / Both

Date of Accident: 05/12/2022

Time of Accident: 10.30 (AM / PM)

Location of Accident: Commonwealth Ave West.

Country/State of Loss: SG

Type of Accident: Head to Rear.

Weather Condition: Clear / Raining Road Surface: Dry / Wet

If Not in List, please specify —

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No & Vehicle Type: —

No. of vehicles Involved in the accident (include own vehicle) 03

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: —

Was notice of Prosecution given? — Yes / No

If yes, against whom? —

Files

Are accident photos available for attachment? Yes / No
(ACCIDENT SCENE PHOTOS)

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

Details of Own Vehicle

Vehicle Registration No: GBC 8471G

Vehicle Category: VAN

Vehicle Manufacturer: NISSAN Vehicle Model: WB50

Transmission: Manual / Auto Cc: 2.500

Exact purpose for which vehicle was being used at the time of accident:

^{hire}
Private ~~Car~~ / Private Use / Employment

No. of passengers (including driver) 03

Passenger Name: Li hong xiang 88838913B.

Gender: Male / Female

Passenger Name: WONG Wei Chong 592440462
~~89244~~

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: NTUC

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: LEE CHUN NGUAN SERVICES

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 53250392M

Email: Sebastierr@hotmail.Com
~~*NO TAKE E-MAIL~~

Mobile No: 87879514

Alt. No Type: Home / Office / Not in List

If Not in List, please specify —

Owner Alt Phone No: —

Driver's Information

Is the driver the policy holder? Yes / ☒ No

Name of Driver: Sebastien KOH MIN QUAN

Gender: ☒ Male / Female

ID Type: ☒ NRIC / Passport or FIN / Work Permit

Driver's ID: S9313847C

Date of Birth: 17 / 04 / 1993

Driving Pass Date: 08 / 08 / 2017

Mobile No: 87879514

Email: Sebastien @ hotmail . Com

~~*NO FINE EMAIL*~~
Address 1: 742 BEDOK RESERVOIR ROAD

Address 2: #03-3089 Postal Code: 470742

Occupation: Indoor / ☒ Outdoor

Driver Owner Relationship Worker

Does Driver own other vehicles? Yes / ☒ No

If yes, please provide Vehicle Registration No: NIL

Handling Insurer: NIL

TP Vehicle or Property

Was there any other vehicle or property damaged? ☒ Yes / No

If yes, please provide:

- (i) Vehicle Registration No: B SKG 7315 D C 60 3938C
- (ii) Vehicle Category: CAR
- (iii) No. of passengers (including driver) 01

Passenger Name: _____

Gender: Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: _____ NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement? _____

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- Original report in original language
- Translated report to English

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

- (i) Name: 1) SEBASTIER KOH MIN QUAN 2) WONG WEI CHONG
(ii) Gender: Male / Female 3) LI HONG XIANG
(iii) Injured Person in which Vehicle? Van A (GBC 847IG)
(iv) Full Address: _____

* TO ALWAYS INDICATE ALL MC 5 days
HOW MANY DAYS MEDICAL LEAVE.

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____

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.

X

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

Commonwealth Ave West

Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT =

D/20221 201 / 70287

Declaration

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

X

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)



SINGAPORE POLICE FORCE



D/20221205/7025

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POLICE REPORT (NP299)

Report No. D/20221205/7025

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 05/12/2022 16:02	Vide Report No.	Station Diary No.
Name Of Informant SEBASTIER KOH MIN QUAN	Address 742 BEDOK RESERVOIR ROAD #03-3089 SINGAPORE 470742	
ID Type / ID No. NRIC NO / S9313847C	Contact No. Home/Office:	Mobile: 87879514
Nationality SINGAPORE CITIZEN	Email Address SEBASTIERR@HOTMAIL.COM	
Occupation Undertaker	Sex Male	Age 29
Institution/School Name	Date of Birth 17/04/1993	Race Chinese
Date/Time Of Incident 05/12/2022 10:25 - 05/12/2022 10:40	Location Of Incident 312 CLEMENTI AVENUE 4 CLEMENTI RIDGES SINGAPORE 120312	

Brief details.

On 5 Dec at around 10.30am I was driving my company vehicle A(GBC8471G) along commonwealth Ave west before turning into clementi Ave 6 traffic,I saw vehicle C(GQ3938C) slow down and come to a STOP due to red light . I follow suit and come to a STOP after I my vehicle is completely STOP I feel a huge impact from the rear of my vehicle and push my vehicle forward and hit on to vehicle C. After I come down of the vehicle I saw vehicle B (SKG7315D) hit me on my rear.
At the point of time I got 2 more passengers in my vehicle

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2022 16:02
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20221205/7025

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20221205/7025

Driver) Sebastier koh min quan (S9313847C)
MC number-M220000103629

Passengers 1) Li hong xiang (S8833993B)
MC number-M220000103636

Passengers 2) Wong wei chong (S9244046Z)
MC number-M220000103632

After the accident we when over to Mount alvernia hospital and was given 5days MC each

Subjects Involved			
Victim			
Person Name	SEBASTIER KOH MIN QUAN		
ID Type	NRIC NO	ID No	S9313847C
Gender	Male	Age	29
Race	Chinese	Language	English
Occupation	Undertaker	Address	742 BEDOK RESERVOIR ROAD #03-3089 SINGAPORE 470742
Mobile No	87879514	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
05/12/2022 16:02

Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20221205/7025

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20221205/7025

Person Name	SEBASTIER KOH MIN QUAN (Informant)

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2022 16:02
Officer In-Charge Of Case:	Classification Of Case:

REPUBLIC OF SINGAPORE

NATIONAL DIGITAL IDENTITY CARD



NAME
SEBASTIER KOH MIN
QUAN

NRIC NO.
S9313847C

DATE OF BIRTH
17 APR 1993

SEX
MALE

NATIONALITY / CITIZENSHIP
SINGAPORE CITIZEN

DATE OF ISSUE
25 APR 2008

ADDRESS
742 BEDOK RESERVOIR
ROAD
#03-3089
SINGAPORE 470742

^ Hide details



DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.
S9313847C

CLASS AND ISSUE DATE
3 • 08 AUG 2017

CERTIFICATE OF MERIT
NOT ELIGIBLE

DEMERIT POINTS

0

CARD SERIAL NO.
002711918F

^ Hide details

