

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	27/12/2022 18:12 (SGT)
Reported by	Driver
Date of Accident	26/12/2022 15:15 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE (CITY) BEFORE BRADDEL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH3349D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GUSTO ENTERPRISE (S) PTE. LTD.
Company Reg No	202018064W
Email Address	sayrazkhan@live.com
Mobile Phone No	(Phone) +65-93371048
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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 hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120714280-01

DRIVER

Name of Driver	KOH TZE HWA PETER
NRIC No	S7025634G
Date Of Birth	27/06/1970
Occupation	Outdoor

Date Of Driving Pass	13/01/1994
Driving experience	28 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86663398
Alt. Phone Number	-
Email Address	peterkoh9911@gmail.com
Address	BLK 676B YISHUN RING ROAD
Address complement	#07-1928
Postcode	762676
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	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

REFER TO SKETCH PLAN ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY4417U
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH TZE HWA PETER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS OF MEDICAL LEAVE
Injured person in which vehicle?	SMH3349D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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 filing 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, know, 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 (Print Name)

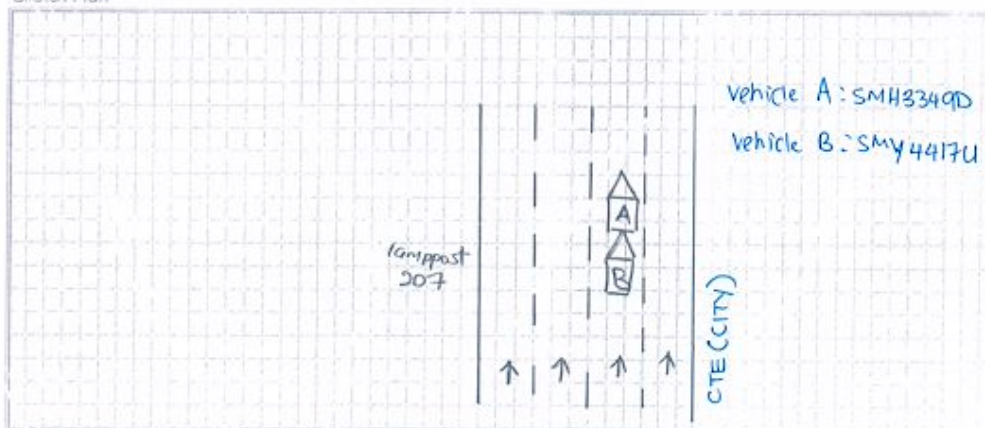
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by: (Witnessing Centre Personnel (Name as in ID Card))



Witnessed by: (Witnessing Centre Personnel (Name as in ID Card))

Sketch Plan



Describe Circumstance of the Accident

- Please refer to police report attached -
- T/2022/227/2034 -

Declaration

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



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten mark]



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



















**SINGAPORE
POLICE FORCE**



T/20221227/7034

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

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Report No. T/20221227/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2022 16:03		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH TZE HWA PETER			Address: 676B YISHUN RING ROAD #07-1928 SINGAPORE 762676		
ID Type / ID No.: NRIC NO / S7025634G			Contact No.: Home/Office: Mobile: 86663398		
Nationality: SINGAPORE CITIZEN			Email: PETERKOH9911@GMAIL.COM		
Sex: Male	Age: 52	Date of Birth: 27/06/1970	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: 26/12/2022 15:15	Type of Location: Straight Road
Location: LORONG CHUAN				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SMH3349D	Car	TOYOTA	PRIUS	Blue	Slightly Damaged	0
SMY4417U	Car	BMW		White	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20221227/7034

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

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Report No. T/20221227/7034

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH3349D	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KOH TZE HWA PETER		ID No.	S7025634G
Related Vehicle	SMH3349D (Car)		Contact No.	86663398
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	26/12/2022		Date	26/12/2022
No. of Days granted Medical Leave	03		Degree of	Slight
Driver				
Name	Unknown Driver		ID No.	S7810533Z
Related Vehicle	SMY4417U (Car)		Contact No.	90098376
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

At the stated date and time, I was travelling along CTE(CITY) before BRADDEL ROAD exit. I was on lane 2. Vehicle in front of me slowed down and I followed suit. Suddenly, I felt an impact on the rear portion of my vehicle and realized vehicle B collided onto my vehicle.



**SINGAPORE
POLICE FORCE**



T/20221227/7034

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

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Report No. T/20221227/7034

CONTINUATION OF REPORT

Sketch 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 / TP1B /
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:
27/12/2022 16:03

Classification Of Case:





GUSTO ENTERPRISE (S) PTE LTD

"Forging Forward with Fortitude"

Office : 213 Ubi Avenue 4, Singapore 408808 | Contact : +65 9337 1048 / +65 8338 4468

UEN NO : 202018064W EVERY THURSDAY

LEASE AGREEMENT (CARS)

LESSEE'S PARTICULARS	
NAME	KOH TZE HWA . PETER
D.O.B	27 / 06 / 1970
ADDRESS	BLK 678B YISHUN RING ROAD #07-1928 S(762676)
NRIC / PASSPORT NO.	S7025634G
CONTACT NO.	8666 3398
PURPOSE	PHV
EMAIL ADDRESS	-



MOTOR VEHICLE DETAILS	
LICENSE PLATE NO.	SMH 3349D
MAKE/MODEL	TOYOTA PRIUS HYBRID 2016
LEASE AMOUNT (PER DAY)	-
TOTAL LEASE AMOUNT (PER WEEK)	\$440 + \$500 Deposit (05/04/2022)
COMMENCEMENT DATE & TIME	6/4/2022 (10:00am onwards)
RETURN DATE & TIME	6/10/2022
AMOUNT OF FUEL UPON COLLECTION	-
AMOUNT OF FUEL UPON RETURN	-

GUSTO ENTERPRISE (S) PTE LTD

Name: S. RAJAN

Designation: ADMIN

Date: 6/4/2022



LESSEE'S SIGNATURE

Name: KOH Tze Hwa Peter

NRIC/Passport No.: S7025634G

Date: 6/4/2022