

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	26/01/2023 08:49 (SGT)
Reported by	Driver
Date of Accident	22/01/2023 11:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE AYE EXIT JALAN BUKIT MERAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND200C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO TECK KENG (HE DEQING)
NRIC No	SXXXX663I
Email Address	ivanho_81@yahoo.com.sg
Mobile Phone No	(Phone) +65-98003456
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00128692201

DRIVER

Name of Driver	KOH SIEW HONG (XU XIUFENG)
NRIC No	SXXXX275I
Date Of Birth	19/06/1978
Occupation	Indoor

Date Of Driving Pass	27/04/2004
Driving experience	18 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94889625
Alt. Phone Number	-
Email Address	ivanho_81@yahoo.com.sg
Address	2 SEMBAWANG WALK
Address complement	# 01-99 SPRINGHILL
Postcode	757616
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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)	3
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	SIAH JAYMIE
Gender	Male

PASSENGER 2

Name	SIAH JAYDEN
Gender	Male

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 THE ATTACHED POLICE REPORT- T/20230125/7031

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	SMK7049C
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 SIEW HONG (XU XIUFENG)
Gender	Female
Phone No	(Phone) +65-94889625
Address	2 SEMBAWANG WALK
Address Complement	# 01-99 SPRINGHILL
Post Code	757616
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY-3 DAYS MC
Injured person in which vehicle?	SND200C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SIAH JAYMIE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY-5 DAYS MC
Injured person in which vehicle?	SND200C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	SIAH JAYDEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY-3 DAYS MC
Injured person in which vehicle?	SND200C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

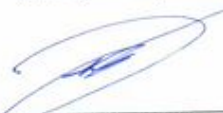
IMPORTANT NOTICE

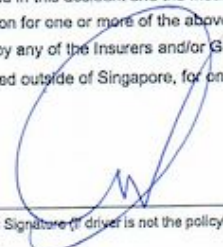
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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

 26/1/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

CTE AYE EXIT JALAN BUKITMERAH





Describe Circumstance of the Accident

Refer to Police Report NO: T/20230125/7031

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 26/1/23
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

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



T/20230125/7031

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Report No. T/20230125/7031

CONTINUATION OF REPORT

Driver			
Name	KOH SIEW HONG		ID No. S7816275I
Related Vehicle	SND200C (Car)		Contact No. 94889625
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	22/01/2023	Date	22/01/2023
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	SIAH JAYMIE		ID No. T0525279I
Related Vehicle	SND200C (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	22/01/2023	Date	22/01/2023
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	SIAH JAYDEN		ID No. T0042651I
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	22/01/2023	Date	22/01/2023
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I was stationary along the stated road waiting for the traffic light to turn green when suddenly I felt a huge impact from the rear of my vehicle. When I alighted my vehicle, I saw VRN SMK 7049 C had collided onto my vehicle. My children and I felt pain and went to see a doctor at Mount Alvernia Hospital.

I was given 3 days MC while my children was given Siah Jaymie (T0525279I) 5 days MC and Siah Jayden (T0042651I) 3 days MC























TOYOTA MOTOR CORPORATION JAPAN
MODEL DAA-NHP170G-MWXQB
ENGINE 1NZ-EXE 1496 mL
FRAME No. NHP170-7108247
COLOR 070 FA20 N21
TRANS./AXLE P510 -02A
TRIM PLANT OPTION
433

25/01/2023 14:14



25/01/2023 14:14



**SINGAPORE
POLICE FORCE**



T/20230125/7031

1 of 3

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

Report No. T/20230125/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2023 13:38	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KOH SIEW HONG		Address: 2 SEMBAWANG WALK #01-99 SPRINGHILL SINGAPORE 757616	
ID Type / ID No.: NRIC NO / S7816275I		Contact No.: Home/Office: Mobile: 94889625	
Nationality: SINGAPORE CITIZEN		Email: sanricas.koh@gmail.com	
Sex: Female	Age: 44	Date of Birth: 19/06/1978	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Sales executive		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/01/2023 11:15	Type of Location: Straight Road
Location: JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
SMK7049C	Car					0
SND200C	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

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



T/20230125/7031

2 of 3

Report No. T/20230125/7031

CONTINUATION OF REPORT

Driver			
Name	KOH SIEW HONG		ID No. S7816275I
Related Vehicle	SND200C (Car)		Contact No. 94889625
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	22/01/2023	Date	22/01/2023
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	SIAH JAYMIE		ID No. T0525279I
Related Vehicle	SND200C (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	22/01/2023	Date	22/01/2023
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	SIAH JAYDEN		ID No. T0042651I
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	22/01/2023	Date	22/01/2023
No. of Days granted Medical Leave	03	Degree of	Serious

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**SINGAPORE
POLICE FORCE**



T/20230125/7031

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

Report No. T/20230125/7031

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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

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

Date/Time:
25/01/2023 13:38

Classification Of Case:

NP168