

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 25/01/2023 17:46 (SGT)
Reported by Both
Date of Accident 22/01/2023 09:20 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ2742Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH YOU REN SEBASTIAN
NRIC No S8536744G
Email Address KOHYOUREN@GMAIL.COM
Mobile Phone No (Phone) +65-90303224
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
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 1200

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number P10196408R03

DRIVER

Name of Driver KOH YOU REN SEBASTIAN
NRIC No S8536744G
Date Of Birth 02/12/1985
Occupation Indoor

Date Of Driving Pass	11/08/2006
Driving experience	16 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90303224
Alt. Phone Number	-
Email Address	KOHYOUREN@GMAIL.COM
Address	1 PINE CLOSE #07-165
Address complement	-
Postcode	390001
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	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	GOH MUI SIANG EDEL
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

REFER TO SKETCH PLAN AND STATEMENT.

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	SMM6232K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR YONG
Contact Number	(Phone) +65-96957244
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	SLW4591X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MS NEO
Contact Number	(Phone) +65-96998866
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	SJE7301R
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 YOU REN SEBASTIAN
Gender	Male
Phone No	(Phone) +65-90303224
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLQ2742Y

Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person GOH MUI SIANG EDEL
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SLQ2742Y
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.
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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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

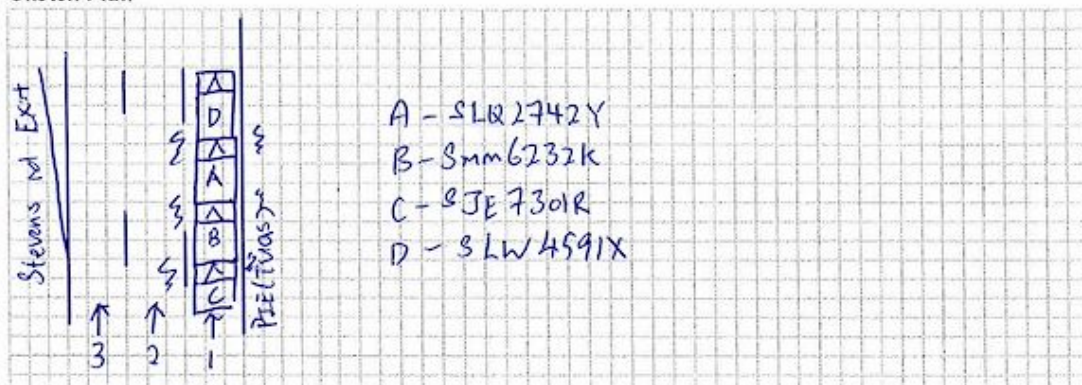
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


As per above date and time, I was driving 8LQ2742Y along PTE (Tues) on the extreme right lane. Somewhere near Stevens rd exit, vehicles in front of me slowed down and stopped due to an accident ahead. As such, I applied brake and stopped accordingly. Out of sudden, I felt a huge impact from the rear. Due to the huge impact, my vehicle surged forward and collided onto veh(D) 8LW4591X rear portion. I alighted and discovered I was involved in a 4-vehicles chain collisions accident.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time

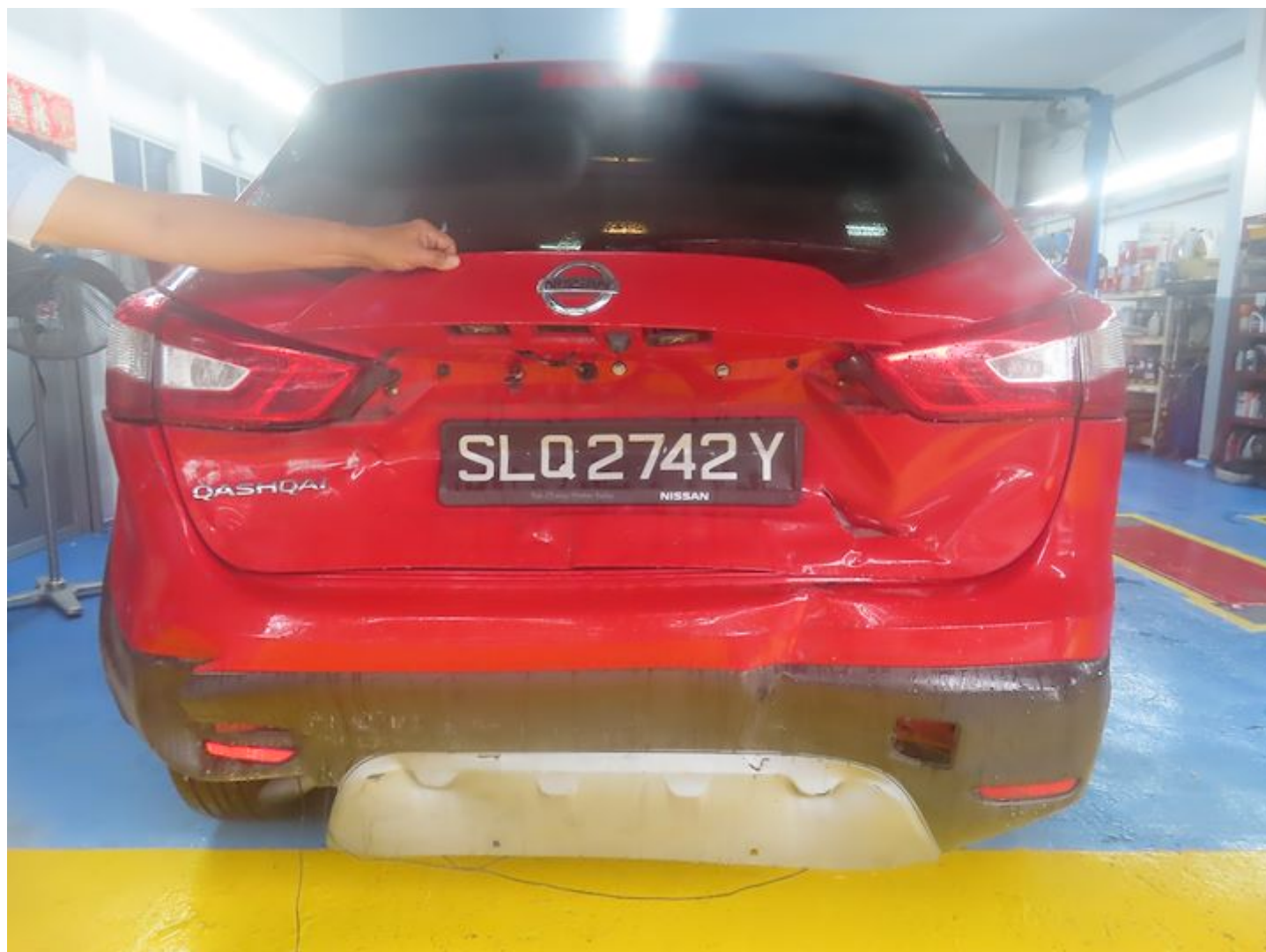

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



T/20230125/7033

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

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Report No. T/20230125/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2023 13:45		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH YOU REN, SEBASTIAN			Address: 1 PINE CLOSE #07-165 SINGAPORE 390001		
ID Type / ID No.: NRIC NO / S8536744G			Contact No.: Home/Office: Mobile: 90303224		
Nationality: SINGAPORE CITIZEN			Email: KOHYOUREN@GMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 02/12/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: RSAF			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: 22/01/2023 09:20	Type of Location: Straight Road
Location: MALCOLM ROAD				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 90 Km/h	
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
SJE7301R	Car	HONDA	CIVIC	Black	Seriously Damaged	0
SLQ2742Y	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Red		0



**SINGAPORE
POLICE FORCE**



T/20230125/7033

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

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Report No. T/20230125/7033

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLW4591X	Car	MAZDA		Blue	Slightly Damaged	0
SMM6232K	Car	AUDI	Q7	Grey	Seriously Damaged	4

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ2742Y	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10196408R03	30/06/2022	29/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	GOH MUI SIANG EDEL		ID No. S9230482E
Related Vehicle	SLQ2742Y (Car)		Contact No. 82998237
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 08		Degree of	Serious
Driver			
Name	KOH YOU REN, SEBASTIAN		ID No. S8536744G
Related Vehicle	SLQ2742Y (Car)		Contact No. 90303224
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	22/01/2023		Date 22/01/2023
No. of Days granted Medical Leave 08		Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20230125/7033

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

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Report No. T/20230125/7033

CONTINUATION OF REPORT

Brief Details.

AS PER ABOVE DATE & TIME, I WAS DRIVING SLQ2742Y ALONG PIE(TUAS) ON THE EXTREME RIGHT LANE. SOMEWHERE NEAR STEVENS RD EXIT, VEHICLES IN FRONT OF ME SLOWED DOWN AND STOPPED DUE TO AN ACCIDENT AHEAD. AS SUCH, I APPLIED BRAKE AND STOPPED ACCORDINGLY. OUT OF SUDDEN, I FELT A HUGE IMPACT FROM THE REAR. DUE TO THE HUGE IMPACT, MY VEHICLE SURGED FORWARD AND COLLIDED ONTO VEHICLE(D) SLW4591X REAR PORTION. I ALIGHTED AND DISCOVERED I WAS INVOLVED IN A 4-VEHICLES CHAIN COLLISION ACCIDENT. AFTER THE ACCIDENT, MY WIFE AND I FELT DISCOMFORT AROUND OUR NECK & LOWER BACK AREA AND WE WENT TO CONSULT DOCTOR AT ADVANTAGE MEDICAL CLINIC(JURONG WEST) WE WERE GIVEN 8 DAYS MC EACH.



**SINGAPORE
POLICE FORCE**

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



T/20230125/7033

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Report No. T/20230125/7033

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 / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

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 13:45

Classification Of Case: