

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 16:01 (SGT)
Reported by	Both
Date of Accident	23/01/2023 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE (CITY) B4 AMK AVE 5 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR3625C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH HWEE KUI
NRIC No	SXXXX011E
Email Address	nge65@yahoo.com.sg
Mobile Phone No	(Phone) +65-97651287
Alternative Phone No	+65-97960098

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	2400

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MW001065

DRIVER

Name of Driver	KOH HWEE KUI
NRIC No	SXXXX011E
Date Of Birth	02/05/1965
Occupation	Indoor

Date Of Driving Pass	05/07/1990
Driving experience	32 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97651287
Alt. Phone Number	+65-97960098
Email Address	nge65@yahoo.com.sg
Address	12 YISHUN AVE 9
Address complement	#05-10
Postcode	768894
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	KOH YUN XUAN SOPHIE
Gender	Female

PASSENGER 2

Name	KOH JUN HAN CHARLOTTE
Gender	Female

PASSENGER 3

Name	KOH JUN NONG FAITH
Gender	Female

PASSENGER 4

Name	NG SIO YEN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

AS ANNEX D&E

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	SNC7702E
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG CHENG ANN (HONG QINGAN)
NRIC No	SXXXX243G
Contact Number	(Phone) +65-82304144
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Vehicle Number: SKR3625C**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

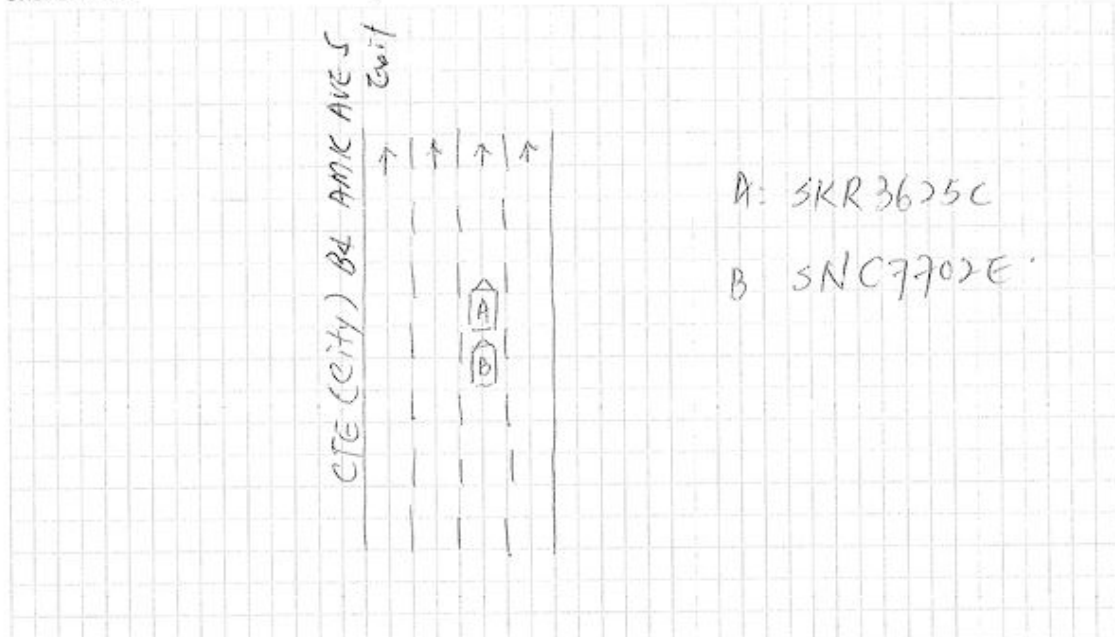

 Policyholder's Signature
 Date & Time:


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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Vehicle Number: SKR3625C

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no:

T/20230123/2026.

*Statement recorded in _____ language by driver.

*Own Damage (OD) Claim submission must be proceeded within 14 Days from Date of Accident.

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 & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20230123/2026

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20230123/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2023 14:17	Vide Report No.:	Station Diary No.: 61
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Informant's Particulars

Name of Informant: KOH HWEE KUI			Address: 12 YISHUN AVENUE 9 #05-10 SINGAPORE 768894		
ID Type / ID No.: NRIC NO / S1686011E			Contact No.: Home/Office: Mobile: 9796 0098		
Nationality: SINGAPORE CITIZEN			Email: nge65@yahoo.com.sg		
Sex: Male	Age: 57	Date of Birth: 02/05/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Deputy Director			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/01/2023 13:00	Type of Location: Expressway
Location: CENTRAL EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKR3625C	Car	HONDA	ODYSSEY 2.4 EX-S CVT	White	Seriously Damaged	4
SNC7702E	Car	TOYOTA	SIENTA	Black	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR3625C	TOKIO MARINE INSURANCE SINGAPORE LTD.	MW001065	02/02/2015	01/02/2024



**SINGAPORE
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Police Station Of Origin:
Geylang N.P.C
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Tel No: 1800-8486999

Report No. T/20230123/2026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	KOH YUN XUAN, SOPHIE	ID No.	T0628218G
Related Vehicle	SKR3625C (Car)	Contact No.	8828 1691
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	KOH JUN NING, FAITH	ID No.	S9732269D
Related Vehicle	SKR3625C (Car)	Contact No.	9328 7356
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	KOH HWEE KUI	ID No.	S1686011E
Related Vehicle	SKR3625C (Car)	Contact No.	9796 0098
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight



**SINGAPORE
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CONTINUATION OF REPORT

Passenger			
Name	KOH JUN HAN, CHARLOTTE	ID No.	T0111446D
Related Vehicle	SKR3625C (Car)	Contact No.	9641 2922
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	NG SIO YEN	ID No.	S7331062H
Related Vehicle	SKR3625C (Car)	Contact No.	9765 1287
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	ANG CHENG ANN (HONG QINGAN)	ID No.	S8010243G
Related Vehicle	SNC7702E (Car)	Contact No.	8230 4144
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am the mentioned person, and I am currently holding the title as a deputy director for 'Shimano Singapore', which deals with bicycle parts.

On 23/01/2023 at about 1245hrs, I was driving from my residential area, and I wanted to go to Kallang Bahru to visit my relative residing there. I took the route of CTE, as it was suggested by my 'Google Maps' to take the route. I was driving my Honda, bearing the licence plate of SKR3625C.

On the same day at about 1300hrs while I was driving, I noticed that there was roadblock from on the first lane of CTE. At that point of time, I was driving on the second lane, and continued driving as per normal. However, the car in front of mine suddenly jammed its brakes and I then applied my brakes too. I managed to stop my vehicle in time and did not meet an accident with the car in front of mine.



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Report No. T/20230123/2026

CONTINUATION OF REPORT

However, upon stopping, my family and I later felt an impact coming from the rear of my vehicle. Apparently, another vehicle has hit onto my car when my vehicle stopped. I then went out of my vehicle to have a discussion with the driver who collided into me. He was driving a Toyota, bearing the licence plate of SNC7702E. He later asked me if I will be reporting this matter to the insurance, and I told him that I would. The accident was settled very quickly, and we left immediately after we were done.

None of my family members were injured, but I do feel a bit of strain on the left side of my neck, along with the majority of my family members. I do have dashcam installed at the front and rear of my vehicle which caught the footage of the accident. It can be noticed that the driver of the person who hit onto me was changing lanes from the 1st, to 2nd, before hitting onto my car.

As of current, my family members and I have yet to visit the hospital to get our injuries treated. Most of us feel strain on our body, especially on the neck area.



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T/20230123/2026

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Report No. T/20230123/2026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
G /
STAFF SGT LUQMAN MOHD
MANSOR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:

Date/Time:
23/01/2023 14:17

Classification Of Case:

NP168



















