

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	20/01/2023 12:42 (SGT)
Reported by	Driver
Date of Accident	19/01/2023 15:15 (SGT)
Exact Location of Accident	Chancery Ln, Singapore
Additional Location Information	AFTER BUKIT TUNGGAL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6613L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SZ & W (SOUTHEAST ASIA) PTE LTD
Company Reg No	2XXXXX439G
Email Address	frankiekoh@outlook.com
Mobile Phone No	(Phone) +65-98801981
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100499694-05

DRIVER

Name of Driver	KOH JOO MENG
NRIC No	SXXXX203B
Date Of Birth	06/01/1966
Occupation	Indoor

Date Of Driving Pass	10/07/1984
Driving experience	38 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96331819
Alt. Phone Number	-
Email Address	frankiekoh@outlook.com
Address	BLK 159 TAMPINES STREET 12 #07-101
Address complement	-
Postcode	521159
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Raining
Road Surface	Wet

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

PLEASE REFER TO POLICE REPORT T/20230120/7017

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	SMJ4375K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AJEET SINGH
Contact Number	(Phone) +65-91911184
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS


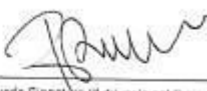
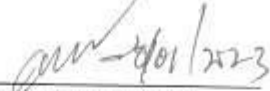

INJURED 1

Name of injured person	KOH JOO MENG
Gender	Male
Phone No	(Phone) +65-96331819
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF6613L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

 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 <div style="border: 1px solid black; height: 150px; width: 100%; position: relative;"> <div style="position: absolute; top: 10px; right: 10px; text-align: right;"> A = GBF6613L B = SMJ4375K </div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);">  </div> </div>		

Describe Circumstance of the Accident

As per police report attached T/20230120/7017

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 20/01/2023

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

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CHASSIS NO: VM20100790
U.L.W : 1200 KGS
M.L.W : 1930 KGS
P. CAP : F: 1 DRIVER, 1 OTHER
R: 00
TYRE SIZE : F: 165xR14 6PLY
R: 165xR14 8PLY (S)

















**SINGAPORE
POLICE FORCE**



T/20230120/7017

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

1 of 3

Report No: T/20230120/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2023 11:37		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH JOO MENG			Address: 159 TAMPINES STREET 12 #07-101 SINGAPORE 521159		
ID Type / ID No.: NRIC NO / S1768203B			Contact No.: Home/Office: Mobile: 96331819		
Nationality: SINGAPORE CITIZEN			Email: FRANKIEKOH@OUTLOOK.COM		
Sex: Male	Age: 57	Date of Birth: 06/01/1966	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: 19/01/2023 15:15	Type of Location: Straight Road
Location: BUKIT TUNGAL ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 40 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBF6613L	Van					0
SMJ4375K	Car	KIA	CERATO	White		1

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



**SINGAPORE
POLICE FORCE**



T/20230120/7017

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

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Report No. T/20230120/7017

CONTINUATION OF REPORT

Driver			
Name	KOH JOO MENG		ID No. S1768203B
Related Vehicle	GBF6613L (Van)		Contact No. 96331819
Hospital/Clinic	TAMPINES CLINIC AND SURGERY PTE LTD		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Driver			
Name	AJEET SINGH		ID No. S8943297I
Related Vehicle	SMJ4375K (Car)		Contact No. 91911184
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.

MY VEHICLE A (GBF6613L) WAS TRAVELING ALONG CHANCERY LANE AFTER THE TURNING TO BUKIT TUNGGAL ROAD. THE VEHICLE IN FRONT, BRAKE AND CAME TO A STOP AS THE VEHICLE WANTS TO TURN INTO CHANCERY LANE HOUSE NUMBER 31B-D. I ALSO BRAKE AND CAME TO A STOP. SUDDENLY I FELT A HUGE JERK AND HEARD A LOUD BANG FROM MY REAR. I CAME OUT OF MY VEHICLE A AND FOUND OUT VEHICLE B (SMJ4375K) FRONT PORTION HAD COLLIDED INTO THE REAR OF MY VEHICLE A. I FELT A SHARP PAIN AT MY NECK AREA AND I WENT TO SEE A DOCTOR THE NEXT DAY AND I WAS GIVEN 5 DAYS MC.



**SINGAPORE
POLICE FORCE**

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



T/20230120/7017

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Report No. T/20230120/7017

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP165

Signature Of Informant:

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

Date/Time:
20/01/2023 11:37

Classification Of Case: