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 witholding 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.

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 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 14/02/2023 17:12 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 14/02/2023 09:38 (SGT) Exact Location of Accident Near 159A Eng Kong Garden, Singapore 599322 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Auto

1597

Vehicle Registration Number **SLK9936R**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KOH BENG SOON (XU MINGSHUN) NRIC No SXXXX933Z Email Address Mingshun@gmail.com Mobile Phone No (Phone) +65-84888944 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Civic Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number 23-MU001596-R04

DRIVER

Name of Driver KOH BENG SOON (XU MINGSHUN) NRIC No SXXXX933Z Date Of Birth 30/10/1980 Occupation Outdoor

Date Of Driving Pass 01/03/2005 Driving experience 17 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-84888944 Alt. Phone Number Email Address Mingshun@gmail.com Address 213 LORONG 8 TOA PAYOH #15-65 Address complement Postcode 310213 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver **SLK9936R** Insurance Company of Other Vehicle Owned by Driver Tokio Marine Insurance Singapore Ltd GENERAL INFORMATION OF THE ACCIDENT Type of Accident Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT On the 14/2/23, at 0938Hrs, I was on the PIE heading towards Tuas. When I was near the clementi exit, I was moving slowly on my lane as there was a bottleneck situation. Suddenly, Veh B (SG5818M) cut into my lane and I applied brakes immediately. But veh B's rear damaged my left side mirror and drove off without stopping. I had to stop by the road shoulder to pick up my broken left side mirror. 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 SG5818M Vehicle Manufacturer Man

Vehicle Model	A95
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

KETCH PLAN		Date of Accident: 14/02/23
		A:SLK9936R B:SG5818M
ESCRIBE CIRCUMSTANCES OF THE ACCIDE	ENT	
On the 14/2/23, at 0938Hrs, I was	on the PIE heading	towards Tuas. When I was
near the clementi exit, I was movir		
situation. Suddenly, Veh B (SG58		
mmediately. But veh B's rear dam		11.77
stopping. I had to stop by the road	shoulder to nick up	my broken left side mirror
riopping i maa to otop by mo roud	oriodider to piek a	Thy broken left side militor.
	10	Own Damage Claim
		Third Party Claim
		OD/TP Claim at another workshop :
	920	Reporting Only
ECLARATION		
We declare the foregoing particulars are true in e	wery respect.	CLAIMS OF
olicyholder Signature Driver's Signature (If driver is Date & Time:	not the policyholder)	Reporting Centre Personnel's Signature Name: MULULE SAN NRIC/FIN No.:
H(03/)3		1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- The 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.
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

report being made available aforesaid.

- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

lell

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

- PLEASE VIEW OVERLEAF -











Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20230214/7027

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 14/02/2023 13:45		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: NG SOON		Address: 213 LORONG 8 TOA PAYO	H #15-65 SINGAPORE 310213	
ID Type / ID No.: NRIC NO / S8033933Z			Contact No.: Home/Office: Mobile: 84888944		
National SINGAP	ity: ORE CITIZ	EN	Email: Mingshun@gmail.com		
Sex: Male	Age: 42	Date of Birth: 30/10/1980	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupat TYRE W	ion: ORKSHOF	,	Driving Licence Information: Class:	Date of Expiry:	

	Man believe	Delete	Date (Time of	Tono of Location	
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/02/2023 09:40	Type of Location:	
Location:					
CLEMENTI R	OAD				
Weather:		Road Surface:	R	toad Speed Limit:	
Weather: Traffic Flow:		Road Surface: Traffic Control:		toad Speed Limit:	

Details of V	ehicle Involved					
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SG5818M	Bus/Coach/Mi nibus					0
SLK9936R	Car	HONDA	CIVIC 1.6 VTI CVT	Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





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

Report No. T/20230214/7027

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK9936R	TOKIO MARINE INSURANCE SINGAPORE LTD.	MU001596	09/02/2021	08/02/2025

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestrians Injured: NIL Use of Pedestrian C			destrian Cro	ssing: NA	
Driver					100
Name	KOH BENG SOON			ID No.	S8033933Z
Related Vehicle	SLK9936R (Car)			Contact N	o. 84888944
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL Date		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f NIL	

Brief Details.

On the 14/2/23, at 0938Hrs, I was on the PIE heading towards Tuas. When I was near the clementi exit, I was moving slowly on my lane as there was a bottleneck situation. Suddenly, Veh B (SG5818M) cut into my lane and I applied brakes immediately. But veh B's rear damaged my left side mirror and drove off without stopping. I had to stop by the road shoulder to pick up my broken left side mirror.





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

3 or 3 Report No. T/20230214/7027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

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

Date/Time:
14/02/2023 13:45

Officer In Charge Of Case:
TP / TPIB /
RASHIDAH BINTE AZMAN
Contact No.: 65476902

NP168