

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.

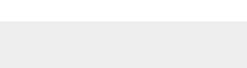
ACCIDENT STATEMENT

Date of Submission 27/02/2023 22:09 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 21/02/2023 09:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information BEDOK NORTH AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCZ8877L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH SOK HWA
NRIC No 
Email Address 
Mobile Phone No (Phone) 
Alternative Phone No -

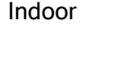
VEHICLE PARTICULARS

Manufacturer Opel
Model Astra
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 Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Policy Number / Cover Note Number DMPPHQ22-005370

DRIVER

Name of Driver KOH SOK HWA
NRIC No 
Date Of Birth 
Occupation Indoor

Date Of Driving Pass	04/08/1980
Driving experience	[REDACTED]
Gender	Female
Mobile Number	(Phone) [REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	[REDACTED]
Postcode	[REDACTED]
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	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	3
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)	0
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	Kaki Bukit Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004429999
Alt. Police Station Phone No	(Fax) +65-62444377
Police Station Address	Blk 526 Bedok North Street 3 #01-448 Singapore 460526
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	SHD3193R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGN1818U
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)	0

SKETCH PLAN

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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.

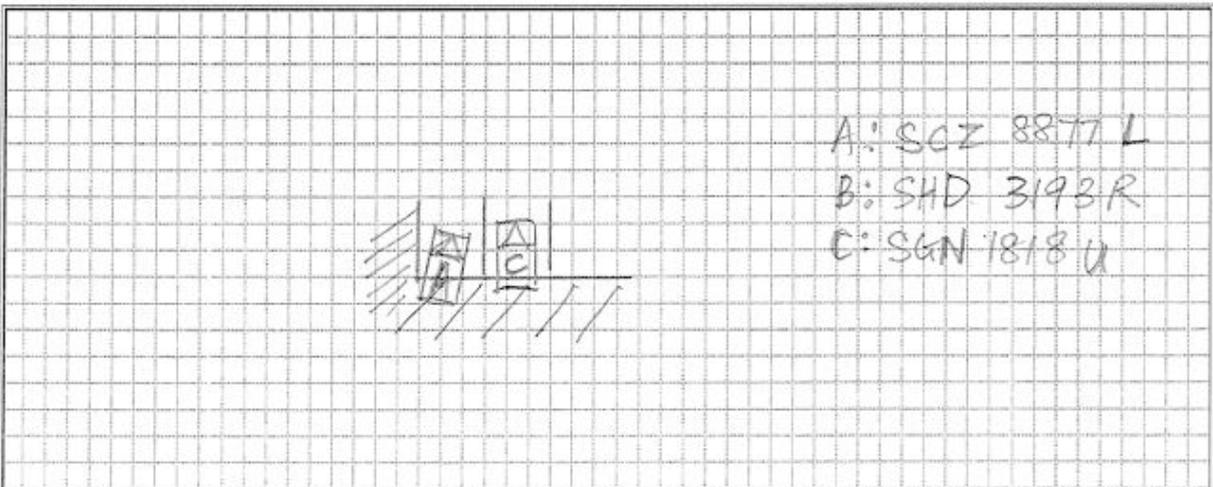
 28/2 @ 3:30pm
 Policyholder's Signature / Date & Time

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


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



Sketch Plan



Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT.

MY VEHICLE WAS TOWED TO A TAMPINES WORKSHOP AS I WAS OVERSEAS AND POLICE INSISTED IT NEED TO BE TOWED AWAY. I PAID \$600+ FOR ALL THESE.

TODAY I ARRANGED TO TOW THE CAR TO AUTHORIZED WORKSHOP (K. Kim Hin). AND WORKSHOP PAID FOR IT.

I WAS OVERSEAS 15/2 TO 25/2, SO I CAME TO REPORT TODAY.

Declaration

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



 Policyholder's Signature / Date & Time

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



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



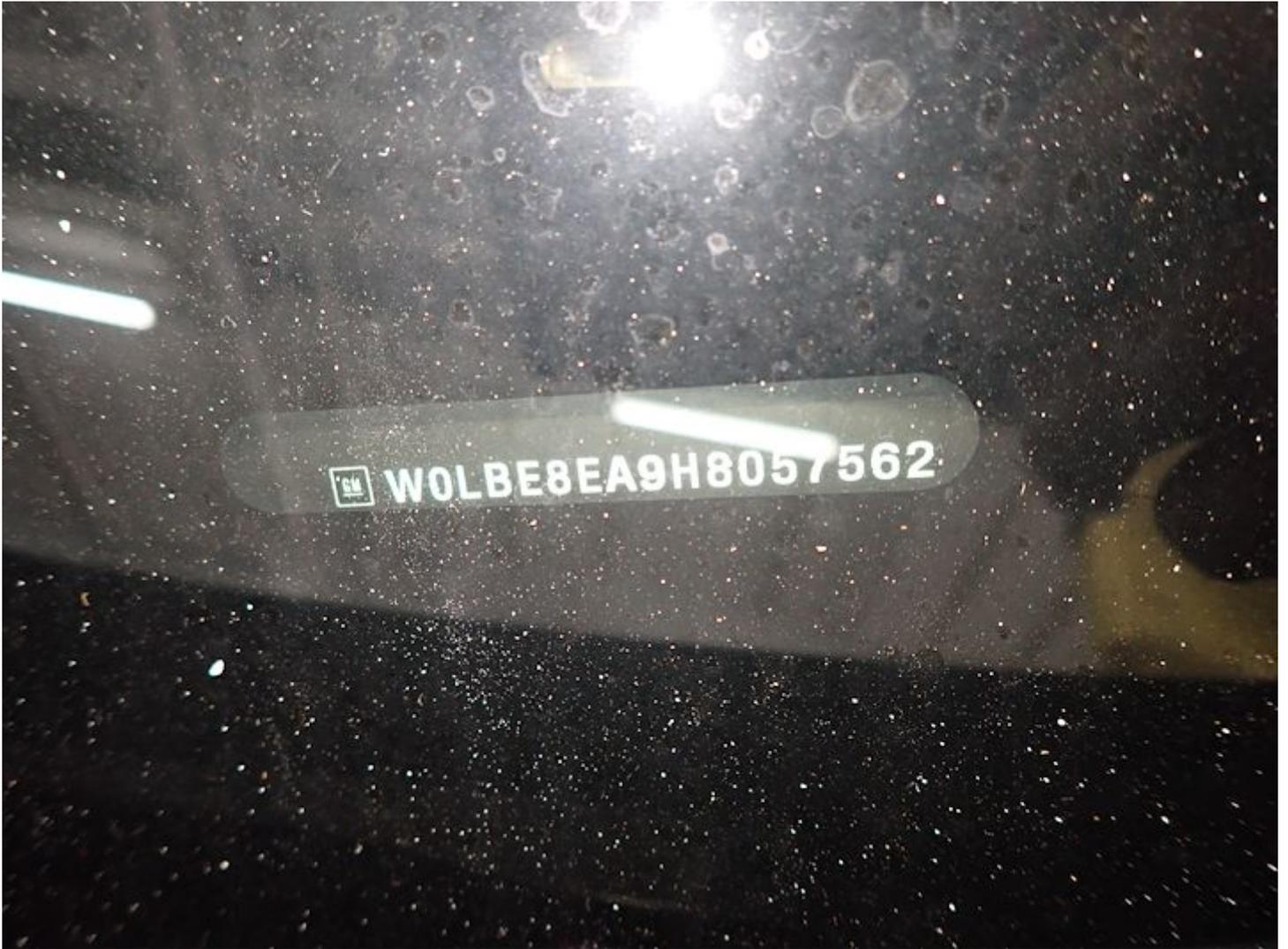






























**SINGAPORE
POLICE FORCE**



T/20230225/2043

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

1 of 4

Report No. T/20230225/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2023 12:54	Vide Report No.: G/20230221/0056	Station Diary No.: 11
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Informant's Particulars

Name of Informant: KOH SOK HWA		Address: [REDACTED]	
ID Type / ID No.: NRIC NO / [REDACTED]		Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: [REDACTED]	Date of Birth: [REDACTED]	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: PERSONAL ASSISTANT		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/02/2023 09:05	Type of Location: Car Park
Location: BEDOK NORTH AVENUE 1			
Weather: Sunny	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle		Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCZ8877L	Car	OPEL	ASTRA	Grey	Seriously Damaged	0
SGN1818U	Car	CITROEN	C4 SHINE	Blue	Slightly Damaged	0
SHD3193R	Car	TOYOTA	PRIUS	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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T/20230225/2043

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Report No. T/20230225/2043

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCZ8877L	EQ INSURANCE COMPANY LTD.	DMPPHQ22-005370	17/07/2022	16/07/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Vehicle Owner				
Name	KOH SOK HWA		ID No.	[REDACTED]
Related Vehicle	SCZ8877L (Car)		Contact No.	[REDACTED]
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	NIL
Vehicle Owner				
Name	GERARD ONG		ID No.	NIL
Related Vehicle	SGN1818U (Car)		Contact No.	91818500
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	NIL
Driver				
Name	POH HOW TINE		ID No.	S1398662B
Related Vehicle	SHD3193R (Car)		Contact No.	91095067
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	NIL



**SINGAPORE
POLICE FORCE**



T/20230225/2043

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Police Station Of Origin:
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Tel No: 1800-4429999

Report No. T/20230225/2043

CONTINUATION OF REPORT

Brief Details.

On 21/02/2023 at 0904hrs, I was in Japan for a holiday when a friend of mine namely Mdm Lye texted and informed me that she had witnessed my grey in color Opel Astra (SCZ8877L) was involved in an accident with two other vehicles while it was parked at the open-spaced carpark between B/549 and B/551 Bedok North Ave 1. Mdm Lye told me over a phone call that she head over to my car after hearing the sound of the collision and saw the blue in color Comfort Delgro taxi (SHD3193R) reversing into another lot. She then spoke to the taxi driver who explained that he was unsure why his vehicle reversed at a high-speed despite being on a one-way road after dropping off a passenger causing the rear of the said taxi to collide with the front of my car.

He also denied being drunk. My friend then assisted to take photos of the damages. As a result of the collision, the rear half of my car mounted the kerb and the front portion of my car was dented which caused the mounting for the engine to break apart. The owner of a blue in color Citroen C4 (SGN1818U) came after.

Shortly after, police officers came and assisted with the matter. I am lodging this report as instructed by a Traffic Police IO.



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T/20230225/2043

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Report No. T/20230225/2043

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 / SGT 3 SYED OTHMAN BIN SYED AGIL BIN YAHYA 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/02/2023 12:54
Officer In Charge Of Case: TP / GIT / STAFF SGT NUR HAFIZAH BINTE NORIZAN Contact No.: 96189347	Classification Of Case:

NP168