

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	27/03/2023 14:28 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/03/2023 13:20 (SGT)
Exact Location of Accident	Hougang Ave 7, Singapore
Additional Location Information	T-JUNCTION OF HOUGANG AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3006P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH CHOON JOO, EDBERT
NRIC No	S6920144Z
Email Address	edbertkoh@hotmail.com
Mobile Phone No	(Phone) +65-96369258
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Touran
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	1400

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5101037026-04

DRIVER

Name of Driver	KOH CHOON JOO, EDBERT
NRIC No	S6920144Z
Date Of Birth	02/07/1969
Occupation	Indoor

Date Of Driving Pass	06/07/1995
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96369258
Alt. Phone Number	-
Email Address	edbertkoh@hotmail.com
Address	BLK 456 PASIR RIS DRIVE 4
Address complement	#03-295
Postcode	510456
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	Side Swipe
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?	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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED SKETCH PLANS - TYPE OF ACCIDENT - HEAD TO SIDE

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	SLB8646G
Vehicle Manufacturer	Hyundai
Vehicle Model	Sonata
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JEON TAESOO
Passport No/FIN	G6040912P
Contact Number	(Phone) +65-93739944
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 CHOON JOO, EDBERT
Gender	Male
Phone No	(Phone) +65-96369258
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	SJY3006P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

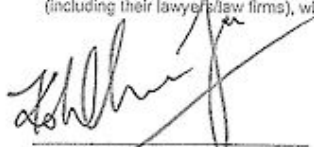
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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

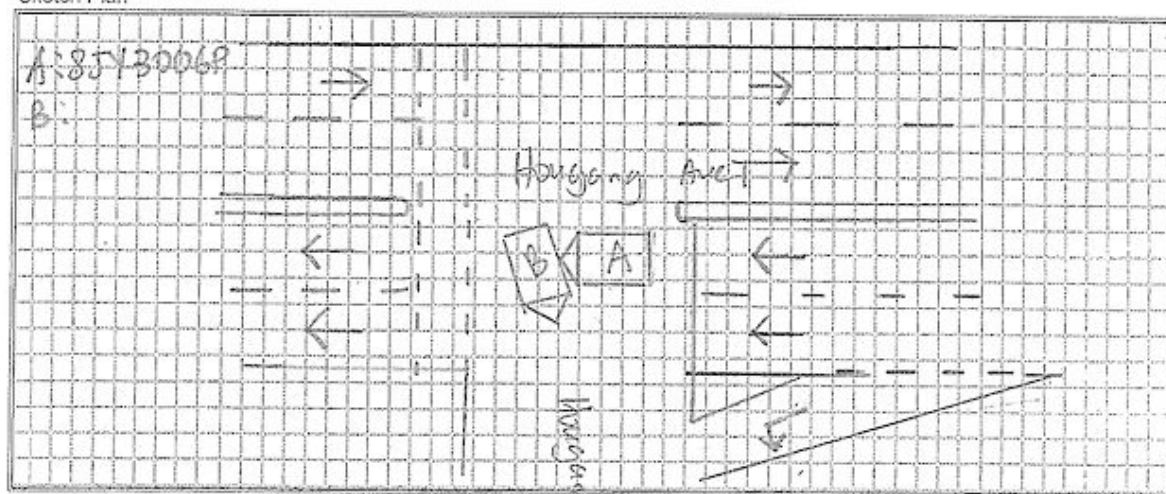
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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' 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
25-03-23

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 Circumstances of the Accident

Please refer to police report attached.

☐ Claim OD ☐ Claim Third Party ☒ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop : THIAM HENG HUAT PTE LTD

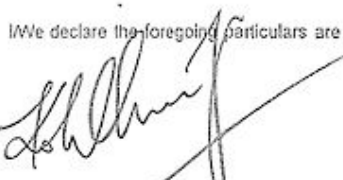
Email address : thiamhenghuat@gmail.com

Myself email : edbertkoh@hotmail.com

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

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



Policyholder's Signature / Date & Time
27-03-23

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



Witnessed by Reporting Centre Personnel







































**SINGAPORE
POLICE FORCE**



T/20230327/2032

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20230327/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2023 12:25		Vide Report No.:	Station Diary No.: 59
Informant's Particulars			
Name of Informant: KOH CHOON JOO, EDBERT		Address: APT BLK 456 PASIR RIS DRIVE 4 #03-295 SINGAPORE 510456	
ID Type / ID No.: NRIC NO / S6920144Z		Contact No.: Home/Office: Mobile: 96369258	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 02/07/1969	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: CUSTOMER DEVELOPMENT DIRECTOR		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2023 13:20	Type of Location: T-Junction
Location: HOUGANG AVENUE 7				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY3006P	Car	VOLKSWAGO N	TOURAN 1.4L AT TSI 1T2HC4	Silver	Seriously Damaged	0
SLB8646G	Car				Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230327/2032

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20230327/2032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY3006P	NTUC Income Insurance Co-Operative Limited	5101037026-04	18/08/2022	17/08/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KOH CHOON JOO, EDBERT		ID No.	S6920144Z
Related Vehicle	SJY3006P (Car)		Contact No.	96369258
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/03/2023		Date Discharge	27/03/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Driver				
Name	JEON TAESOO		ID No.	G6040912P
Related Vehicle	NIL		Contact No.	93739944
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	

Brief Details.

On 26/03/2023 at about 1322hrs, I was driving along Hougang Ave 7 in my vehicle bearing number SJY3006P, at the T junction and the traffic lights are green in my favor which the front of my vehicle hit the left side of another vehicle bearing SLB8646G while the other driver was making a discretionary right turn towards Hougang Ave 5.

I have photos and videos to show.



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T/20230327/2032

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Tel No: 1800-5529999

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Report No. T/20230327/2032

CONTINUATION OF REPORT

Signature of Officer Recording The Report: E / SGT 2 YEO WEE LOON 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/03/2023 12:25
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168