

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	06/04/2023 12:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/03/2023 07:45 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS BKE (PIE) EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1890H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH HAN WEI, RYAN
NRIC No	SXXXX472G
Email Address	freedom2231@hotmail.com
Mobile Phone No	(Phone) +65-90172525
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1193

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00274412200

DRIVER

Name of Driver	KOH HAN WEI, RYAN
NRIC No	SXXXX472G
Date Of Birth	26/10/1992
Occupation	Indoor

Date Of Driving Pass	28/03/2013
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-90172525
Alt. Phone Number	-
Email Address	freedom2231@hotmail.com
Address	BLK 645B TAMPINES STREET 62 #08-33
Address complement	-
Postcode	522645
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	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)	2
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	ANG CHIU LEE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT L/20230329/7010

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	EQ8855Z
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Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH LEE MENG
Contact Number	(Phone) +65-96665727
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 HAN WEI, RYAN
Gender	Male
Phone No	(Phone) +65-90172525
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLV1890H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ANG CHIU LEE
Gender	Female
Phone No	(Phone) +65-90172525
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLV1890H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

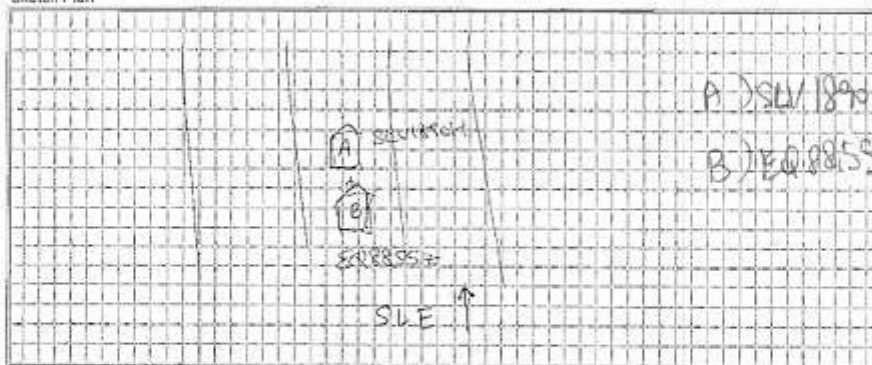
1. Please report promptly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Actual Driver.
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 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 5. Any false reporting may be referred to the Traffic Police Department for investigation.
 6. This report will be forwarded by the insurers to the QIA 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.
- 6. 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' lawyer/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 requests by me;
 - (iv) administering my claims (including the making 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 sums as well as on the external cover of envelopes/envelop 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' lawyer/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 other third-party service providers or agents (including their lawyer/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 or in NRIC/ID card)

Sketch Plan



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SKETCH PLAN #2

Describe Circumstance of the Accident	
VEHICLE NO: SLV890H	ACCIDENT DATE & TIME: 28/5/23 0745
CONTACT NUMBER: 90172525	E-MAIL: PmJoun2021@hotmail.com
LOCATION: SE toward BKE(P&E) Exit	
<p>was driving along SE towards BKE (P&E) exit. My car was stationary due to traffic. Another car rear ended my vehicle. I had one passenger with me (my wife).</p> <p>My car SLV 1890H Other car 8Q 8855Z</p> <p>Refer to police report 420230329/7010</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p> <p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM COMP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

Declaration

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

CP 28/5/23
[Signature]
Policyholder's Signature, Date & Time

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

Witnessed by Reporting Centre Personnel (None as in NRSIO case)

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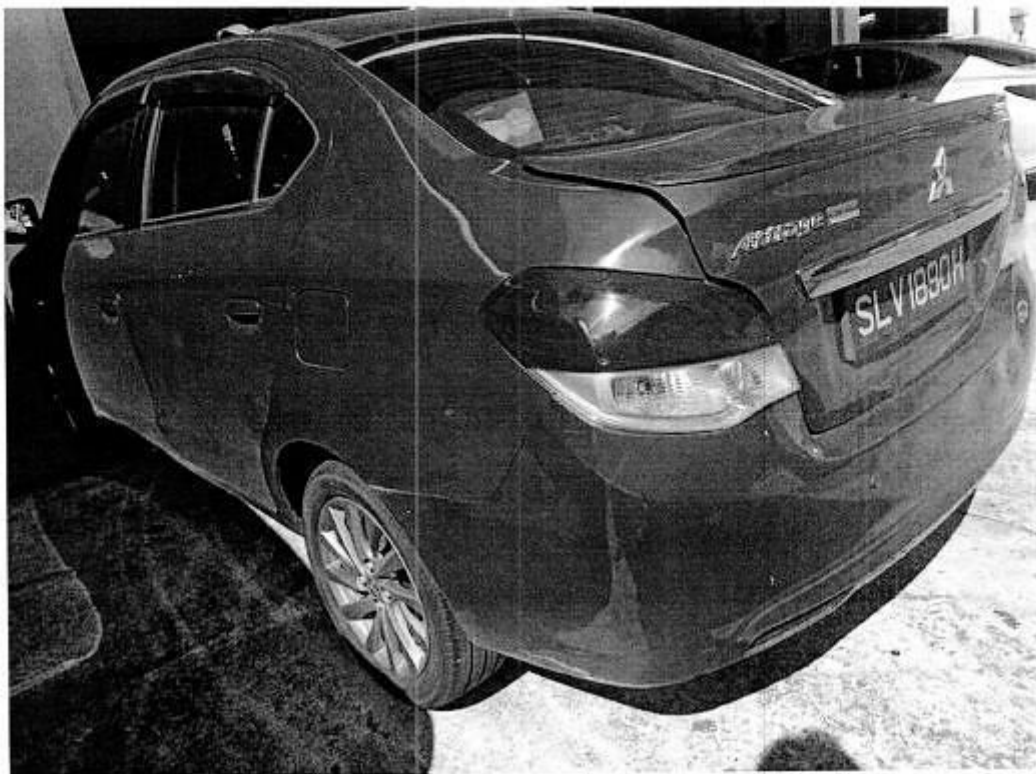
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IMAGES #9



IMAGES #10



IMAGES #11



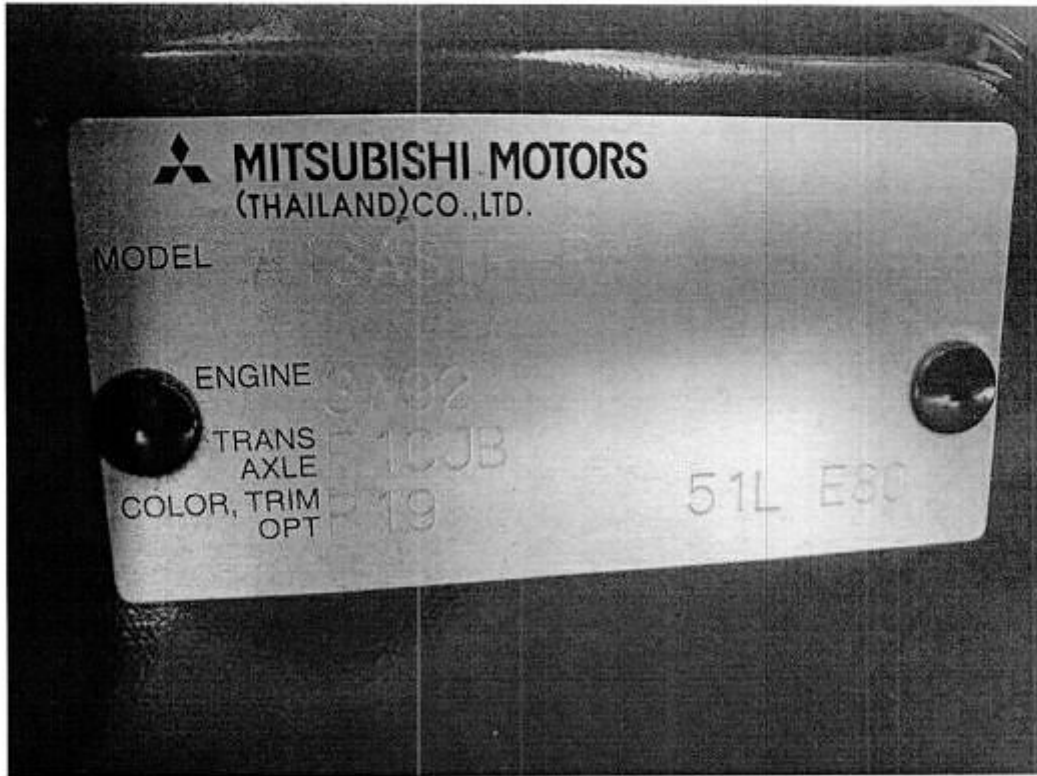
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IMAGES #4



IMAGES



Accident report S000233T0004

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POLICE REPORT #2


**SINGAPORE
POLICE FORCE**


L/20230329/7010

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230329/7010

My car: SLV1890H
Car that hit me: EQ8855Z

Subjects Involved			
Victim			
Person Name	KOH HAN WEI, RYAN		
ID Type	NRIC NO	ID No	S9239472G
Gender	Male	Age	30
Race	Chinese	Language	English
Occupation	Singapore armed forces personnel	Address	645B TAMPINES STREET 62 #08-33 SINGAPORE 522645
Mobile No	90172525	Is informant A Victim?	Yes
Person Name	Ang chiu lee		
ID Type	NRIC NO	ID No	S9123614A
Gender	Female	Age	31
Race	Chinese	Language	English
Occupation	Singapore armed forces personnel	Address	62 Tampines St #08-33 SINGAPORE 522645
Home/Office No	90172525	Mobile No	81276631
Relation To Informant	Wife		
Person Name	KOH HAN WEI, RYAN (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
29/03/2023 09:25

Classification Of Case:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



L/20230329/7010

1 of 2

POLICE REPORT (NP299)

Report No. L/20230329/7010

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-4660000

Date/Time Report Made 29/03/2023 09:25	Vide Report No.	Station Diary No.
Name Of Informant KOH HAN WEI, RYAN	Address 645B TAMPINES STREET 62 #08-33 SINGAPORE 522645	
ID Type / ID No. NRIC NO / S9239472G	Contact No. Home/Office:	Mobile: 90172525
Nationality SINGAPORE CITIZEN	Email Address FREEDOM2231@HOTMAIL.COM	
Occupation Singapore armed forces personnel	Sex Male	Age 30
Institution/School Name	Date of Birth 26/10/1992	Race Chinese
Date/Time Of Incident 29/03/2023 07:45 - 29/03/2023 07:55	Location Of Incident BKE (SLE)	

Brief details.

I was on SLE towards BKE(PIE) when my car was rear ended by another vehicle. Due to traffic conditions, I was stationary when my car was hit.

My wife was a passenger in the car with me.

The other driver admitted he was at fault.

My wife and I will be seeking medical consultation.

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.
Signature Of Interpreter: Not applicable	Date/Time: 29/03/2023 09:25
Officer In-Charge Of Case:	Classification Of Case: