

## 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 .....	05/04/2023 17:29 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	04/04/2023 11:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG PIE TOWARDS TUAS
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBJ1309C
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SOUND IMAGE PRODUCTIONS PTE LTD
Company Reg No .....	200508363Z
Email Address .....	AARON@SOUNDIMAGE-PRO.COM
Mobile Phone No .....	(Phone) +65-96841260
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
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? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2982

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW0006192302

#### DRIVER

Name of Driver .....	KOH YEW LENG AARON
NRIC No .....	S7441775B
Date Of Birth .....	14/11/1974
Occupation .....	Indoor

Date Of Driving Pass .....	30/06/1998
Driving experience .....	24 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96841260
Alt. Phone Number .....	-
Email Address .....	AARON@SOUNDIMAGE-PRO.COM
Address .....	BLK 223 ANG MO KIO AVENUE 1 #06-505
Address complement .....	-
Postcode .....	560223
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	DIRECTOR
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
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) .....	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 .....	Hong Kah North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18005679999
Alt. Police Station Phone No .....	(Fax) +65-65652508
Police Station Address .....	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER POLICE REPORT

#### 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 .....	GBK5311M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	GBD2300B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
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 3

Vehicle Registration Number .....	YN5366S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
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) .....	-

**SKETCH PLAN**

**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 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.
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.

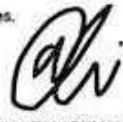
**6. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

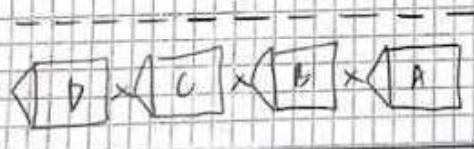
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
MOHAMED RAZALI BIN HASSAN  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**

				A - GBS1309C B - GBK5311M C - GBD2300B D - YN5366S
---	--	--	--	---

**Describe Circumstance of the Accident**

DOA: 4/4/23

TIME: 1130 HRS

LOCATION: REFER POLICE REPORT

**Declaration**

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



Policyholder's Signature / Date & Time

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

*Ali*

MOHAMED RAZALI BIN HASSAN

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



































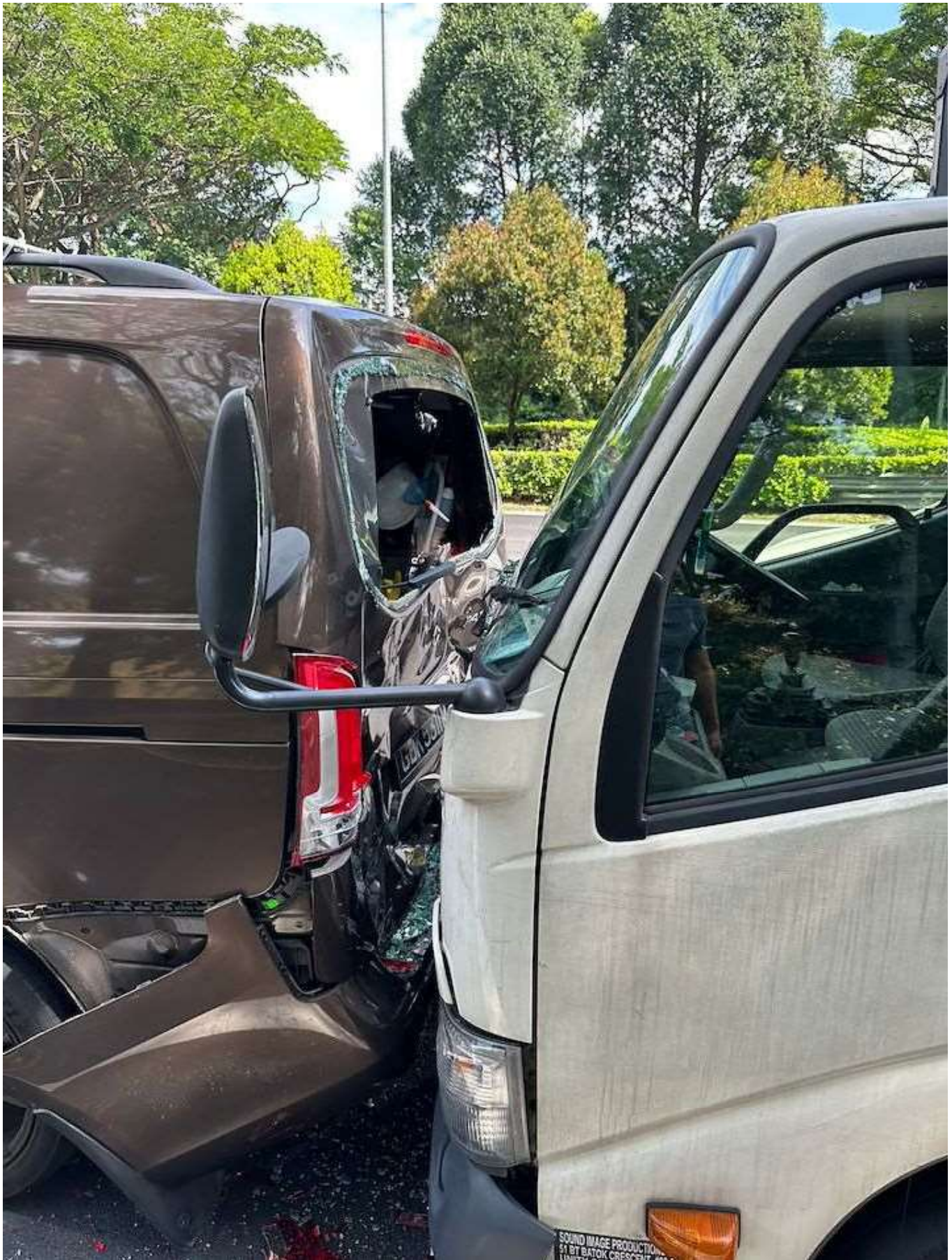


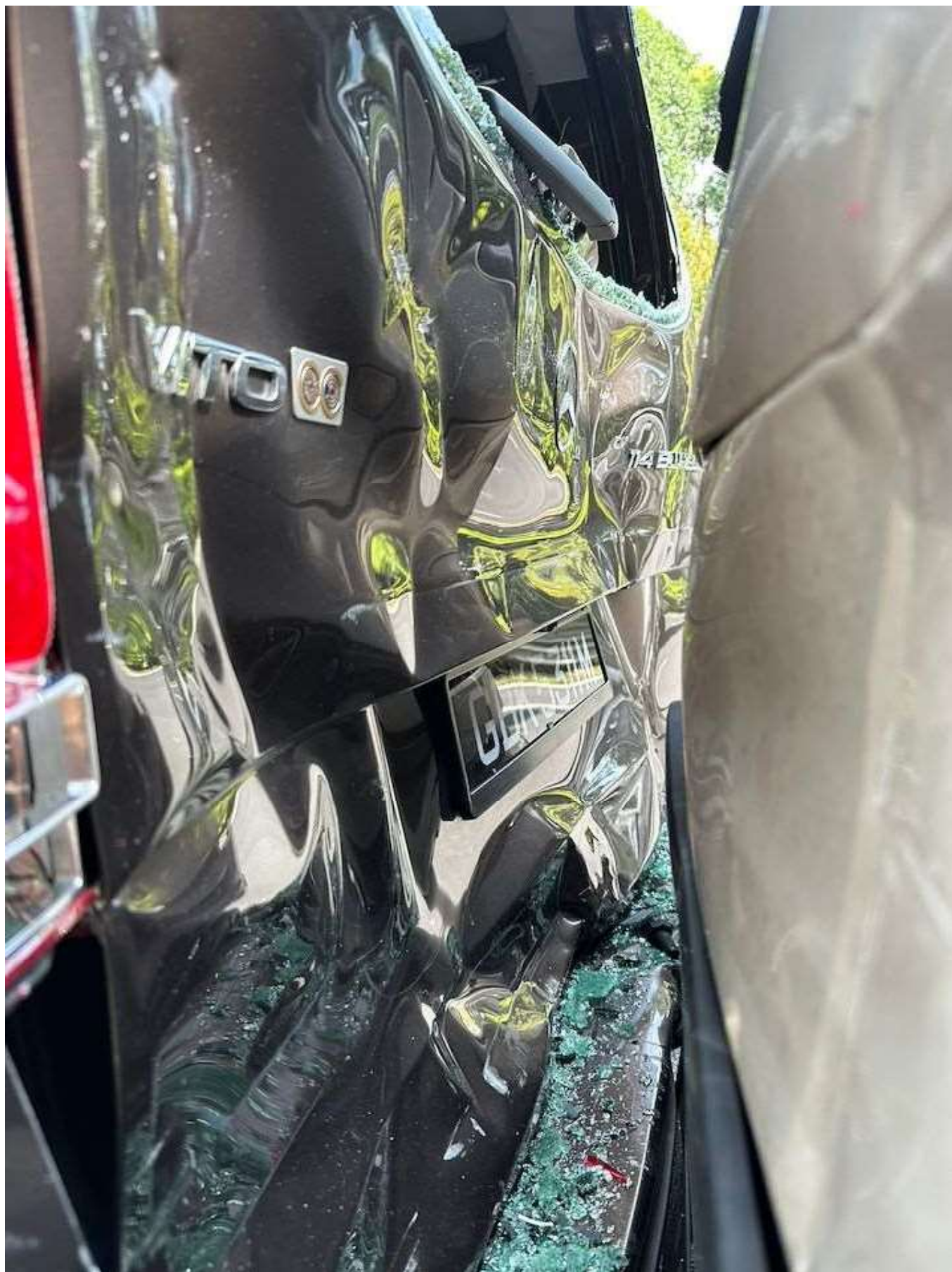


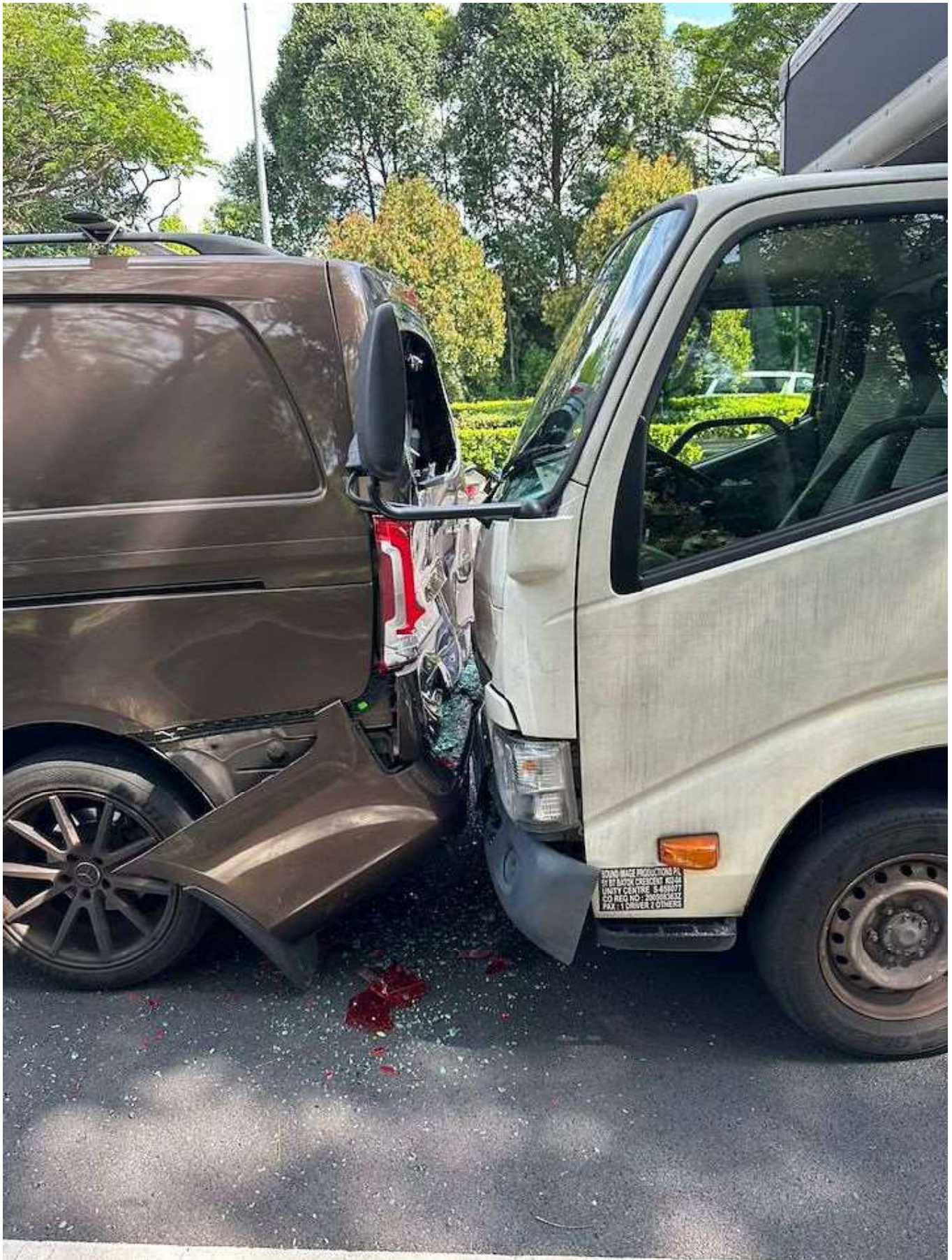








































**SINGAPORE  
POLICE FORCE**



T/20230405/2049

1 of 4

Report No. T/20230405/2049

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/04/2023 13:58	Vide Report No.:	Station Diary No.: 21
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: KOH YEW LENG AARON			Address: APT BLK 223 ANG MO KIO AVENUE 1 #06-505 SINGAPORE 560223		
ID Type / ID No.: NRIC NO / S7441775B			Contact No.: Home/Office: Mobile: 96841260		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 14/11/1974	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/04/2023 11:30	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD2300B 2	Lorry	TOYOTA	DYNA		Slightly Damaged	0
GBJ1309C 4	Lorry	TOYOTA	DYNA		Slightly Damaged	0
GBK5311M 3	Lorry	MERCEDES BENZ	VITO		Seriously Damaged	0
YN5366S 1	Van	MITSUBISHI	CANTER		Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230405/2049

2 of 4

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

Report No. T/20230405/2049

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	GBD2300B (Lorry)	Contact No.	86692730
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	KOH YEW LENG AARON	ID No.	S7441775B
Related Vehicle	GBJ1309C (Lorry)	Contact No.	96841260
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/04/2023	Date Discharge	05/04/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	GBK5311M (Lorry)	Contact No.	97466409
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/20230405/2049

3 of 4

Report No. T/20230405/2049

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

## CONTINUATION OF REPORT

Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	YN5366S (Van)	Contact No.	96114940
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 the 04/04/2023 at about 1130hrs, I was driving my vehicle, GBJ1309C, along Pan Island Expressway (Tuas) towards my office at 51 Bukit Batok Crescent. I was on the extreme left lane of the expressway as I wanted to take the exit of Bukit Batok East Avenue 3 from the expressway.

While approaching the exit, I noticed that the vehicle in front of mine, V3- GBK5311M had came to a stop abruptly. V3 was about two cars length away from me. Therefore, I tried to apply my brake to stop my vehicle. However, I was unable to stop my vehicle in time and therefore the front of my vehicle hit onto the rear of V3.

After the accident, I alighted from my vehicle and realized that I was involved in a chain accident whereby I was the last vehicle, V3 was in front of my vehicle and GBD2300B was Infront of V3 and YN5366S was Infront of GBD2300B.

Due to the Collision, My vehicle suffered damages to the front bumper, front headlight, front face, windscreen and also the registration plate was damaged.

We managed to exchange particulars and take photos of the accident. Traffic Police was at scene, and nobody was conveyed by ambulance. I have an in-car camera inside my vehicle; however, it did not record the accident. I was able to drive my vehicle away after the collision and subsequently, I proceeded to the National University Hospital and was given 03 days medical leave from the 05/04/2023 to 07/04/2023.



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S665500205 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA1T23450004 Vehicle Registration No: GBJ1309C  
 Name (as shown in NRIC) : KOH YEW LENG AARON NRIC/FIN/Passport No : SXXXX775B  
 (\* Vehicle Driver / ~~Vehicle Owner~~) (\*) Please delete as appropriate  
 Address : BLK 223 ANG MO KIO AVENUE 1 #06-505 Singapore (560223)  
 Contact (Tel) : NA Mobile No. : 96841260  
 Email Address : AARON@SOUNDIMAGE-PRO.COM  
 Date of Accident : 04/04/2023 Time of Accident : 1130 HRS  
 Place of Accident : ALONG PIE TOWARDS TUAS  
 Insurance Company : China Taiping Insurance (Singapore) Pte. Ltd.

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

##### 1. INCLUDE POLICE REPORT

---

---

---

---

---

---

---

---

---

---

KOH YEW LENG AARON

Policyholder / Driver's Signature  
 Date: 10/4/2023

Reporting Centre Personnel's Signature  
 Name: RAZALI  
 NRIC/FIN No.: SXXXX952H  
 Date: 10/4/2023

00224001 amended form V3