

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	13/04/2023 16:02 (SGT)
Reported by	Actual Driver
Date of Accident	12/04/2023 19:45 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	BEFORE WDLS AVE 12 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5856J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KOH BROTHERS-CHINA HARBOUR JOINT VENTURE
Company Reg No	5XXXX206D
Email Address	JENNIFER@KOHBROTHERS.COM
Mobile Phone No	(Phone) +65-96551738
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Manual
CC	2488

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5117995217-02

DRIVER

Name of Driver	HUSSIAN BIN OTHMAN
NRIC No	SXXXX252Z
Date Of Birth	12/03/1960
Occupation	Outdoor

Date Of Driving Pass	12/05/1981
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97862081
Alt. Phone Number	-
Email Address	JENNIFER@KOHBROTHERS.COM
Address	BLK 129 PASIR RIS ST 11 #04-331
Address complement	-
Postcode	510129
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	PASSENGER 1
Gender	Male

PASSENGER 2

Name	PASSENGER 2
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. T/20230412/2138

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	SMQ6285L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHONG KIM FEE
NRIC No	SXXXX918C
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

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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 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.

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

[Handwritten Signature] 13/4/23

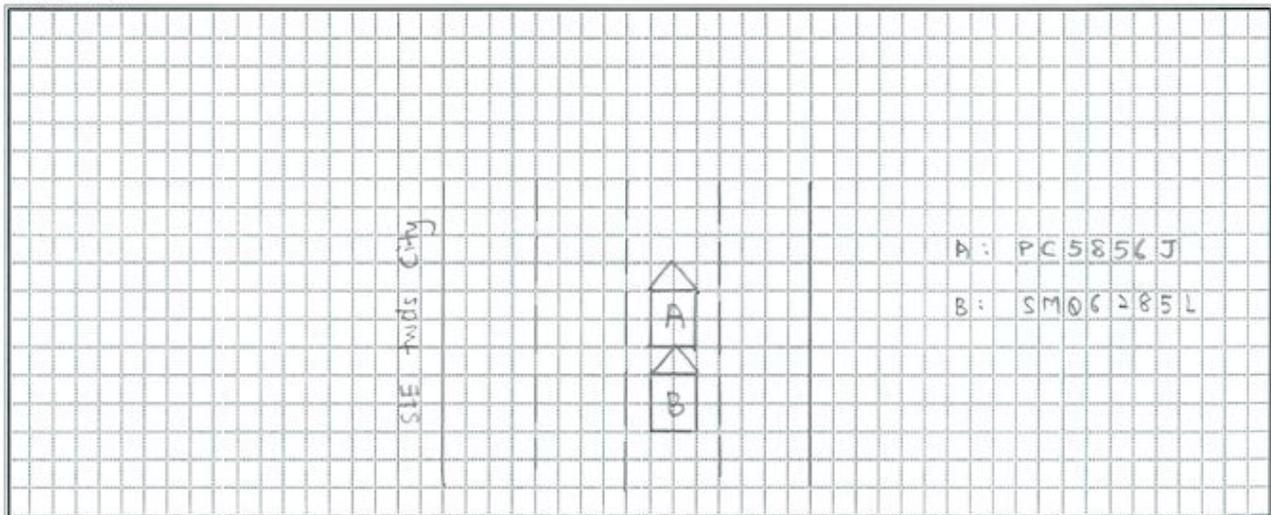
Actual Driver's Signature (if driver is not the policyholder) / Date & Time



[Handwritten Signature]

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

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

As per police report no. T/20230412/2138

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 13/4/23

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

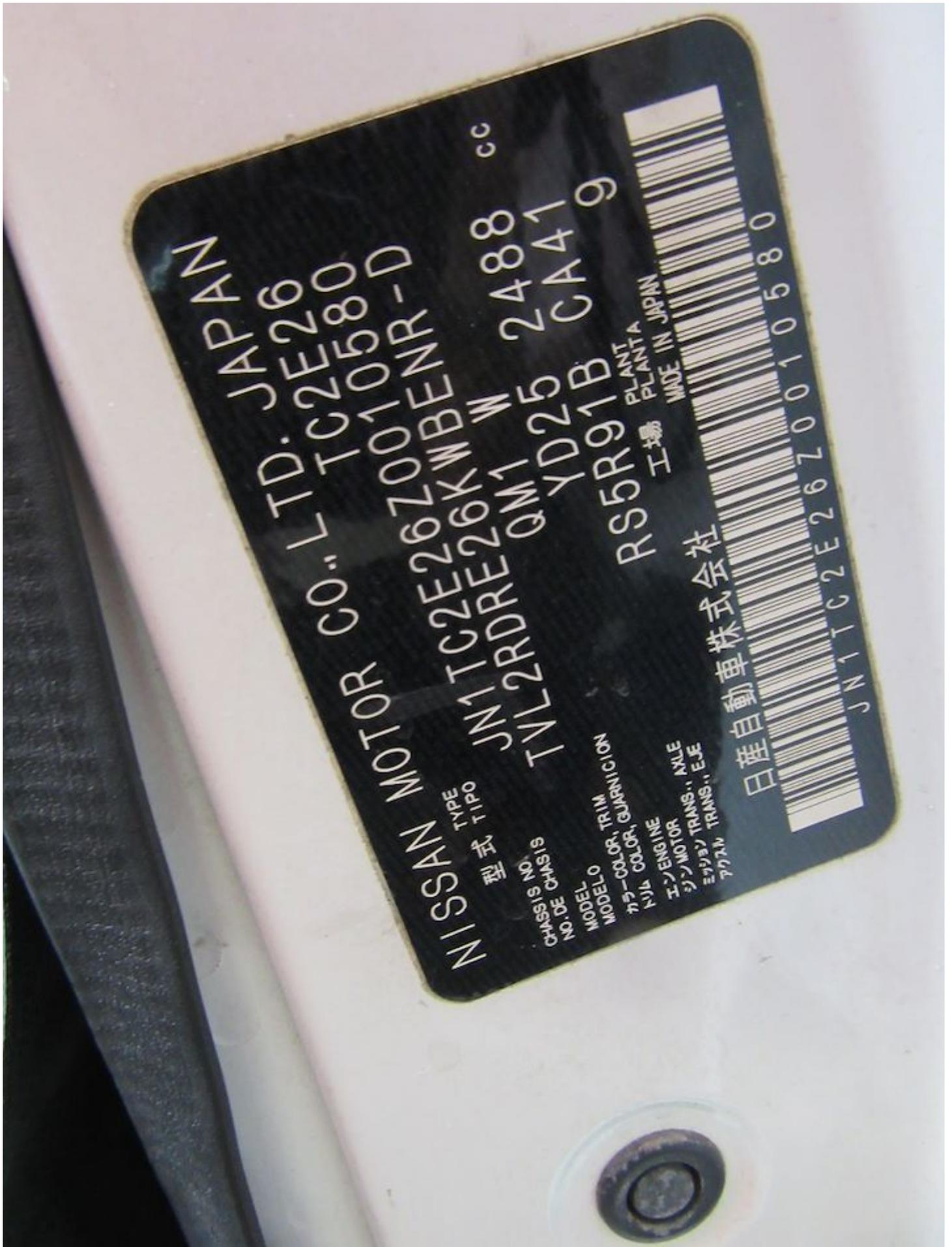


Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)









NISSAN MOTOR CO., LTD. JAPAN
 JN1TC2E26Z0010580-D
 TVL2RDRE26KWBENR-1 W 2488 cc
 GM1 YD25 CA41 9
 RS5R91B
 工場 PLANT
 MADE IN JAPAN

型式 TIPO
 CHASSIS NO.
 NO. DE CHASSIS
 MODEL
 MODELO
 カラー、カラー、カラー
 COLOR, COLOR, COLOR
 エンジン
 ENGINE
 シフト、シフト、シフト
 TRANS., TRANS., TRANS.
 エンジン、エンジン、エンジン
 ENGINE, ENGINE, ENGINE

日産自動車株式会社
 JN1TC2E26Z0010580













**SINGAPORE
POLICE FORCE**



T/20230412/2138

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20230412/2138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2023 22:07	Vide Report No.:	Station Diary No.: 115
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Informant's Particulars

Name of Informant: HUSSIAN BIN OTHMAN		Address: APT BLK 129 PASIR RIS STREET 11 #04-331 SINGAPORE 510129	
ID Type / ID No.: NRIC NO / S1413252Z		Contact No.: Home/Office: Mobile: 97862081	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 12/03/1960	Type of Informant: Driver
Race: Malay		Language:	
Occupation: COMPANY DRIVER.		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/04/2023 19:45	Type of Location: SLE
Location: SELETAR EXPRESSWAY			
Weather: Clear		Road Surface: Dry	
Traffic Flow:		Traffic Control:	Traffic Volume:
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
PC5856J	Van			White	Slightly Damaged	2
SMQ6285L	Car			Black		1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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T/20230412/2138

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Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20230412/2138

CONTINUATION OF REPORT

Driver			
Name	HUSSIAN BIN OTHMAN	ID No.	S1413252Z
Related Vehicle	PC5856J (Van)	Contact No.	97862081
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
Driver			
Name	CHONG KIM FEE	ID No.	S1124918C
Related Vehicle	SMQ6285L (Car)	Contact No.	NIL
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 above-mentioned date time and place I was driving along SLE just before Woodlands Avenue 12. There was a cargo vehicle which was exiting towards Woodlands Avenue 12. As such, I brake my vehicle. Suddenly I felt an impact on the rear. No TP or ambulance at scene. No injuries at scene. We exchanged particulars and took photos of the scene. The car was towed away by EMAS. The damages on my van are dents. The damage on the other car is at the front portion was dented. I am lodging this report as advised by my company and they will settle via insurance.



**SINGAPORE
POLICE FORCE**



T/20230412/2138

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Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20230412/2138

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SGT 2 MUHAMMAD FAIZ BIN MUHAMMAD FAIZAL	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / SSI TAY CHUN KEEN Contact No.: 65476436	

Signature Of Informant:	
Date/Time: 12/04/2023 22:07	
Classification Of Case:	

NP168