

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	14/04/2023 14:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/04/2023 08:13 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVE 5 TOWARD PIE TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6613L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SZ&W SOUTHEAST ASIA PTE LTD
Company Reg No	201632439G
Email Address	frankiekoh@outlook.com
Mobile Phone No	(Phone) +65-96331819
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100499694

DRIVER

Name of Driver	KOH JOO MENG
NRIC No	S1768203B
Date Of Birth	06/01/1966
Occupation	Outdoor

Date Of Driving Pass	10/07/1984
Driving experience	38 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96331819
Alt. Phone Number	-
Email Address	frankiekoh@outlook.com
Address	159 TAMPINES ST 12 #07-101
Address complement	-
Postcode	521159
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	EMPLOYER
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	No 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	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)	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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED.

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	SNF5980R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private hire
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)	1

SKETCH PLAN

IMPORTANT NOTICE

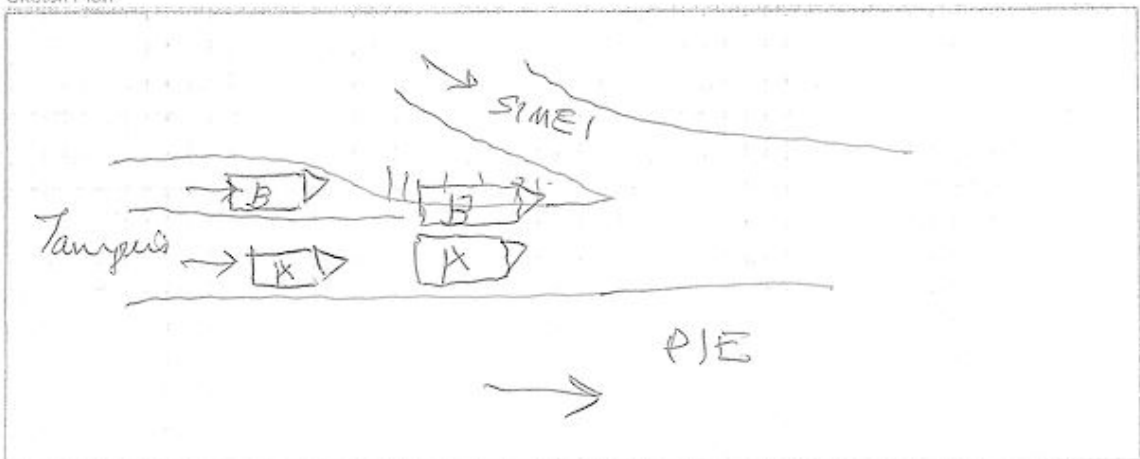
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the 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
 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



v3Jun2022















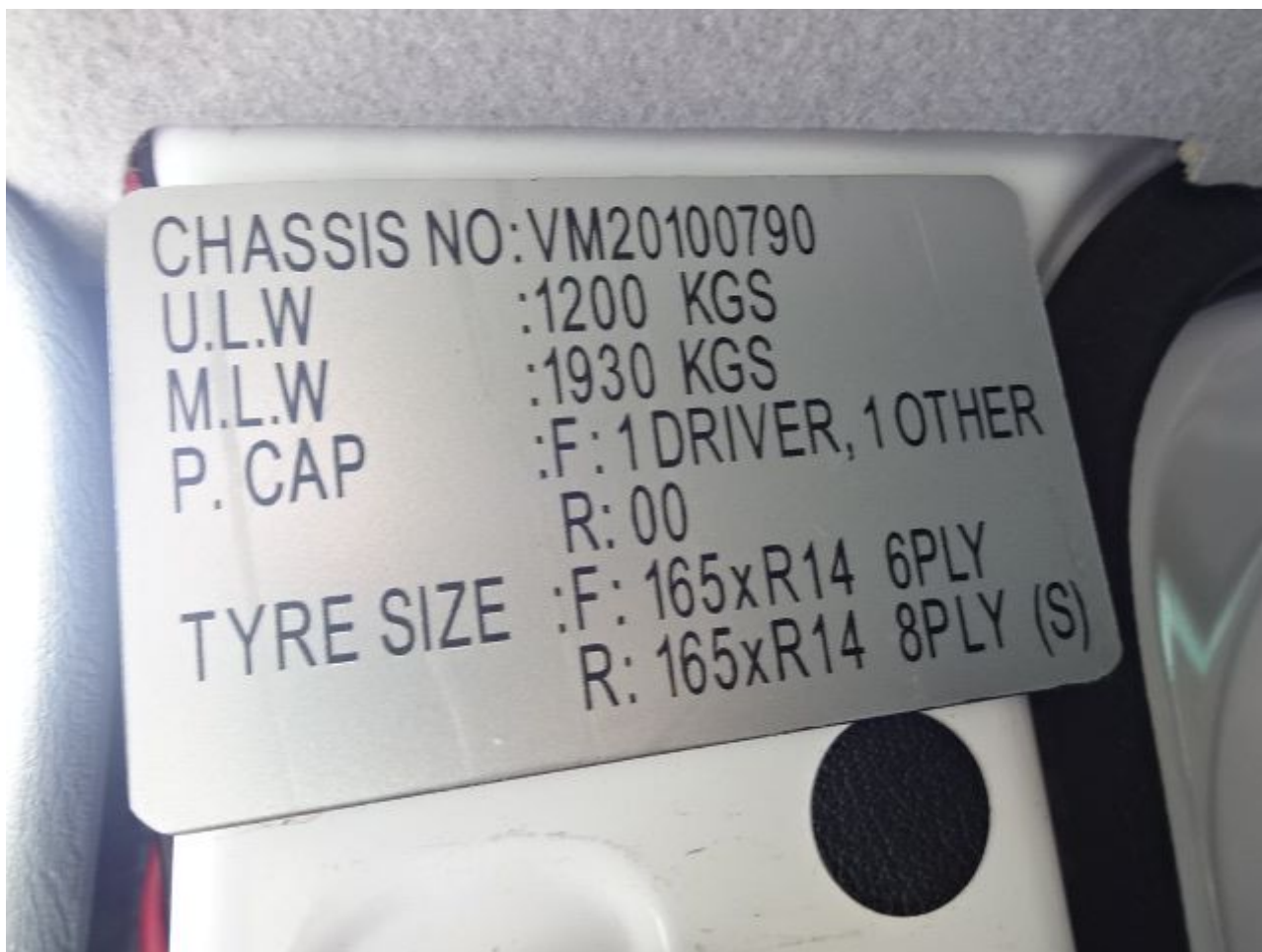














**SINGAPORE
POLICE FORCE**



T/20230414/2034

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20230414/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2023 11:57		Vide Report No.:		Station Diary No.: 32
Informant's Particulars				
Name of Informant: KOH JOO MENG		Address: APT BLK 159 TAMPINES STREET 12 #07-101 SINGAPORE 521159		
ID Type / ID No.: NRIC NO / S1768203B		Contact No.: Home/Office: Mobile: 96331819		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 57	Date of Birth: 06/01/1966	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: SERVICE TECHNICIAN		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/04/2023 08:15	Type of Location:
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: NIL				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF6613L	Van				No Damage	0

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



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Report No. T/20230414/2034

CONTINUATION OF REPORT

Driver			
Name	KOH JOO MENG		ID No. S1768203B
Related Vehicle	GBF6613L (Van)		Contact No. 96331819
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 13/04/23 at about 0815hrs, I was driving along tampines ave 5 and entered the viaduct to enter PIE towards tuas direction. I was driving my company's van (GBF6613L). The traffic was moderate at the time. I was in lane 1 of a 2 lane road, which merges before Simei's exit towards PIE Tuas. There was a vehicle (SNF5980R) which was driving on the left lane which tried to cut into my lane without signaling. I horned at the car but he still persist to cut in beside me even though we were merging into a single lane. There is no known contact or impact felt during this incident. As such i drove off as there was no injury to anyone nor any damages.

On 13/04/23 at about 1200hrs, my company received a call from a male who accused me of having an accident with his car at the said location by side swiping with my bumper. However, I was very sure that there was none. There was no impact at all.
I went to AIG for an incident report, and they did not find any fresh damages nor the other party's paint work.

I have in-car footage.

I am lodging this report for my own record purposes as i believe that there was no accident that had happened and that the other party accusation is false.



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1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20230414/2034

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Report No. T/20230414/2034

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 3 NURBIHAYAT BIN ABDUL
JALIL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:

Date/Time:
14/04/2023 11:57

Classification Of Case:

NP168