

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	24/05/2023 17:33 (SGT)
Reported by	Actual Driver
Date of Accident	23/05/2023 11:30 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	JUNCTION WITH ANG MO KIO INDUSTRIAL PARK 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFD8822A
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHOO IMIN (QIU IMIN)
NRIC No	SXXXX736F
Email Address	jimkhoo8866@gmail.com
Mobile Phone No	(Phone) +65-88668368
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	8
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	2261

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00281522200

DRIVER

Name of Driver	KWOK PIN KOON
NRIC No	SXXXX116Z
Date Of Birth	12/04/1983
Occupation	Outdoor

Date Of Driving Pass	08/10/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88004511
Alt. Phone Number	-
Email Address	kwok.desmond.koon@gmail.com
Address	501 ANG MO KIO AVENUE #12-3714
Address complement	-
Postcode	560501
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	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	tang gek wah
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230523/7087

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	GBH830E
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KWOK PIN KOON
Gender	Male
Phone No	(Phone) +65-88004511
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SFD8822A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 willful misrepresentation or withholding of material facts may allow insurance companies to reassess 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.

II. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

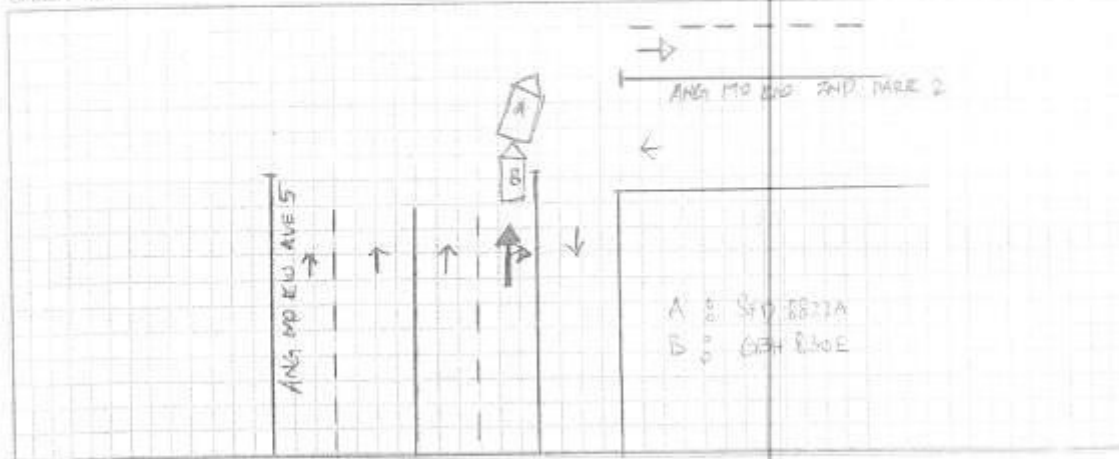
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Insurer's Signature / Date & Time

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

Witnessed by Reporting Officer/Police Officer / Date & Time

Sketch Plan



Describe Circumstance of the Accident

Refer to police report T/20230523/7087

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 24/05/2023

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























SINGAPORE POLICE FORCE



T/20230523/7087

1 of 1

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408866
Tel No: 65470000

Report No: T/20230523/7087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2023 19:28	Vide Report No.	Station Diary No.
--	-----------------	-------------------

Informant's Particulars

Name of Informant: KWOK PIN KOON			Address: 501 ANG MO KIO AVENUE 5 #12-3714 SINGAPORE 660501		
ID Type / ID No.: NRIC NO / S8311116Z			Contact No.: Home/Office:		Mobile: 88004511
Nationality: SINGAPORE CITIZEN			Email: KWOK.DESMOND.KUN@GMAIL.COM		
Sex: Male	Age: 40	Date of Birth: 12/04/1983	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Air-conditioning/Refrigeration engineer			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 23/05/2023 11:30	Type of Location: T-Junction
Location: ANG MO KIO INDUSTRIAL PARK 2A				
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
GBH830E	Lorry	NISSAN	CABSTAR	White	Slightly Damaged	0
SFD8822A	Car					0



**SINGAPORE
POLICE FORCE**



T20230523/7087

Police Station Of Origin:

Traffic Police

17 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 2

Report No: T20230523/7087

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name:	TANG GEK WAH	ID No.	S7540859E
Related Vehicle:	SFD8822A (Car)	Contact No.	NIL
Hospital/Clinic:	CHIN CHOO CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: Nil
Date	23/05/2023	Date	23/05/2023
No. of Days granted Medical Leave	04	Degree of	Slight
Driver			
Name	KWOK PIN KOON	ID No.	S6311116Z
Related Vehicle:	SFD8822A (Car)	Contact No.	85004511
Hospital/Clinic:	CHIN CHOO CLINIC	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: Nil
Date	23/05/2023	Date	23/05/2023
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details:

I WAS ON ANG MO KIO AVE 5 ABOUT TO TURN INTO ANG MO KIO INDUSTRIAL PARK 2 WHEN FELT A VEHICLE COLLIDED TO THE REAR OF MY VEHICLE, CAUSING THE REAR WINDOW TO BE DAMAGED AND ALSO DAMAGES TO MY BUMPER AND REAR BOOT. THE DRIVER OF THE OTHER VEHICLE GBH83DE THEN ADMITTED IT WAS HIS FAULT AND TOLD ME TO PROCEED WITH MY INSURANCE TO CLAIM FOR DAMAGES. WE LEFT THE SCENE THEN AFTER.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
11 Ubi Avenue 3 SINGAPORE 408855
Tel No: 65470000



T20230523/7087

31643

Report No: T20230523/7087

CONTINUATION OF REPORT

Signature Of Officer Recording This Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singapore. No signature
required.

Date/Time:
23/05/2023 19:23

Classification Of Case

CHIN CHOO CLINIC

10, 20, 30, 40, 50, 60, 70, 80, 90, 100, 110, 120, 130, 140, 150, 160, 170, 180, 190, 200, 210, 220, 230, 240, 250, 260, 270, 280, 290, 300, 310, 320, 330, 340, 350, 360, 370, 380, 390, 400, 410, 420, 430, 440, 450, 460, 470, 480, 490, 500, 510, 520, 530, 540, 550, 560, 570, 580, 590, 600, 610, 620, 630, 640, 650, 660, 670, 680, 690, 700, 710, 720, 730, 740, 750, 760, 770, 780, 790, 800, 810, 820, 830, 840, 850, 860, 870, 880, 890, 900, 910, 920, 930, 940, 950, 960, 970, 980, 990, 1000

No. 1082929

MEDICAL CERTIFICATION

Date of issue: 23/05/2023

This is to certify that

KWOK PIN KOON *****116Z

is Unfit for Work for 4.0 day(s)
from 23/05/2023 to 26/05/2023

h DR GERARD LIN
MB.BS (S'PORE)
MCR: M05829G

Dr Gerard Lin

* This certificate is not valid for absence from court or other judicial proceeding unless specifically stated.

CHIN CHOO CLINIC

10, 20, 30, 40, 50, 60, 70, 80, 90, 100, 110, 120, 130, 140, 150, 160, 170, 180, 190, 200, 210, 220, 230, 240, 250, 260, 270, 280, 290, 300, 310, 320, 330, 340, 350, 360, 370, 380, 390, 400, 410, 420, 430, 440, 450, 460, 470, 480, 490, 500, 510, 520, 530, 540, 550, 560, 570, 580, 590, 600, 610, 620, 630, 640, 650, 660, 670, 680, 690, 700, 710, 720, 730, 740, 750, 760, 770, 780, 790, 800, 810, 820, 830, 840, 850, 860, 870, 880, 890, 900, 910, 920, 930, 940, 950, 960, 970, 980, 990, 1000

INVOICE 126808

NAME: KWOK PIN KOON
NRIC: *****116Z
DATE: 23/05/2023
DOCTOR: Dr Gerard Lin

DESCRIPTION	UNIT PRICE	QTY	AMOUNT
CONSULTATION	40.00	1	40.00
VOREN50MG(PAIN) DICLOFENAC SODIUM	0.00	10 TABLET	0.00
PONSTAN 250MG PAIN(MEFENAMIC ACID)	0.00	10 TABLET	0.00
ANTACID(MACGEL) GASTRIC	0.00	10 TABLET	0.00
SUBTOTAL:			40.00
Cash:			40.00