

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 07/06/2023 15:06 (SGT)
Reported by Actual Driver
Date of Accident 06/06/2023 15:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information BISHAN ROAD TURNING TO STREET 22
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV5255P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FU EE CARS PTE LTD
Company Reg No 201013156N
Email Address SALES@FUEECARS.COM
Mobile Phone No (Phone) +65-91167588
Alternative Phone No (Office) +65-63467588

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number A 300553270 MTR

DRIVER

Name of Driver KOH KIAN HUAT
NRIC No S6900313C
Date Of Birth 01/01/1969
Occupation Outdoor

Date Of Driving Pass	06/09/1989
Driving experience	33 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91167588
Alt. Phone Number	-
Email Address	SALES@FUEECARS.COM
Address	397 JOO CHIAT ROAD S427628
Address complement	-
Postcode	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Kaki Bukit Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004429999
Alt. Police Station Phone No	(Fax) +65-62444377
Police Station Address	Blk 526 Bedok North Street 3 #01-448 Singapore 460526
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SLA1526X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG ENG HUAT
Contact Number	(Phone) +65-98755568
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 KIAN HUAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SJV5255P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

AS PER POLICE REPORT

Declaration

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



Policyholder's Signature / Date & Time

John
H

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

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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

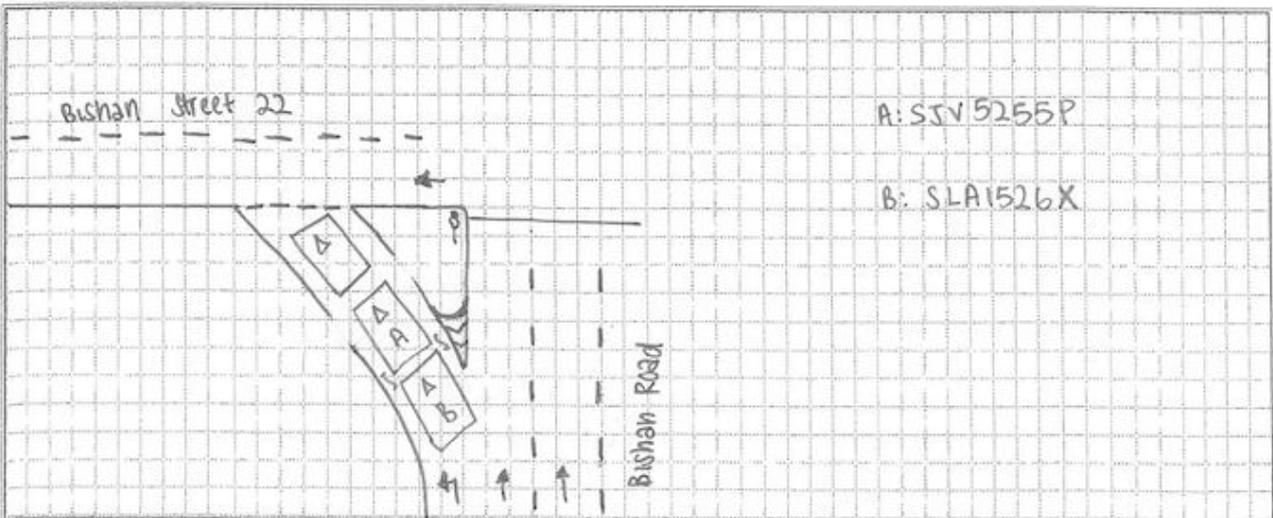
John

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



vJun2022























**SINGAPORE
POLICE FORCE**



T/20230607/2034

1 of 3

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Report No. T/20230607/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2023 12:27	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: KOH KIAN HUAT		Address: APT BLK 146 PASIR RIS STREET 11 #06-63 SINGAPORE 510146	
ID Type / ID No.: NRIC NO / S6900313C		Contact No.: Home/Office: Mobile: 91167588	
Nationality: SINGAPORE CITIZEN		Email: johnkkh0663@yahoo.com.sg	
Sex: Male	Age: 54	Date of Birth: 01/01/1969	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: SALES ASSISTANT		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/06/2023 15:00	Type of Location: X-Junction
Location: BISHAN ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV5255P	Car	TOYOTA	Wish	Silver	Slightly Damaged	0
SLA1526X	Car	NISSAN	Qashqai	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV5255P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A 300553270 MTR	17/03/2023	16/03/2024



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Report No. T/20230607/2034

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH KIAN HUAT	ID No.	S6900313C
Related Vehicle	SJV5255P (Car)	Contact No.	91167588
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/06/2023	Date Discharge	06/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name			
Name	ONG ENG HUAT	ID No.	NIL
Related Vehicle	NIL	Contact No.	98755568
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 06/06/2023 at about 1500hrs, I was driving vehicle SJV5255P along Bishan Road towards Bishan St 22. At the slip road at the said junction, I was stationary waiting for the vehicle in front of me to exit the slip road into Bishan St 22. Out of a sudden, a vehicle (SLA1526X) from the rear hit the rear of my vehicle.

After the accident, I went to Parkway East Hospital for a medical check up and was given 3 days MC.



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Report No. T/20230607/2034

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SR STAFF SGT MOHAMED NOR BIN MOHAMED ALI JINNAH	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	

Signature Of Informant:	
Date/Time: 07/06/2023 12:27	
Classification Of Case:	

NP168