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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Report	12/12/2019 11:14
Date Of Accident	11/12/2019 14:30
Exact Location Of Accident	AYE TOWARDS CTE (BEFORE DOVER EXIT)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJZ9439D
Insured/Policyholder	
Name Of Registered Owner	KOH PUAY HENG, ALOYSIUS (XU PEIXING)
NRIC No	S9117119H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91774862
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	AUDI
Model	A4-1.8 TFSI MU (B8) (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093340932-02
Cover Note Number	
Driver	
Name of Driver	KOH PUAY HENG, ALOYSIUS (XU PEIXING)
NRIC No	S9117119H
Date Of Birth	14/05/1991
Occupation	INDOOR
Date Of Driving Pass	09/07/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91774862
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	NOEMAIL

Address	BLK 226A SUMANG LANE #05-206
Postcode	821226
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WPE888 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	6
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : COLLEAGUE GENDER: : FEMALE
Passenger 2	NAME: : COLLEAGUE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	**ROAD**: 21A TEBING LANE , **POSTCODE:** 828837 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP8907T
Vehicle Make/Model/Colour	
Details Of Properties	NO. 4
Vehicle Category	PRIVATE HIRE

Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	WPE888
Vehicle Make/Model/Colour	
Details Of Properties	NO. 5
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMA4851A
Vehicle Make/Model/Colour	
Details Of Properties	NO. 6
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SKA9789M
Vehicle Make/Model/Colour	
Details Of Properties	NO. 2
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SLP816L

Vehicle Make/Model/Colour	
Details Of Properties	NO. 1
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KOH PUAY HENG, ALOYSIUS
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJZ9439D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

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7. By the lodgment 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

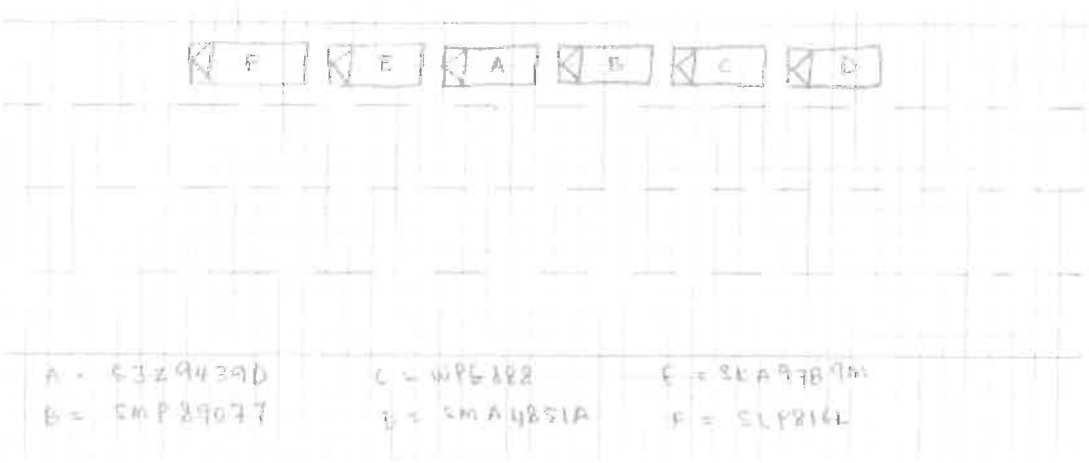
   (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report [illegible]

DECLARATION

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

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SINGAPORE POLICE FORCE

T20191211[illegible]

1 of 5

Report No: 1[illegible]

Police Station Of Origin
Punggol N P.C
21A Tahang Lane SINGAPORE 82[illegible]
Tel No: 1800-5[illegible]

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
11/12/2019 17:28		07

Informant's Particulars

Name of Informant: KOH PUAY HENG, ALOYSIUS			Address: APT BLK 226A SUMANG LANE #05-208 SINGAPORE 821226	
ID Type / ID No.: NRIC NO / S9117119H			Contact No.: Home/Office:	Mobile: 81774862
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 28	Date of Birth: 14/05/1991	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 11/12/2019 14:05	Type of Location: Straight Road

Location:
Along Road 1
AYER RAJAH EXPRESSWAY
CENTRAL EXPRESSWAY
AYE - TOWARDS CTE

Weather: Clear	Road Surface: Wet	Road Speed Limit:
Traffic Flow: Dual Carriage 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
SLZ9439D	Car	AUD	A4 1.8 TFSI MU	Black	Slightly Damaged	2
SKA9769M	Car					0
SLP815L	Car					0
SMA4851A	Car					0
SMP8807?	Car					0

SINGAPORE POLICE FORCE

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-8049990

Date
Report No: T0018121121301

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No. of Passengers
WPE668	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ9439D	NTUC Income Insurance Co-Operative Limited	5093340932-02	07/07/2019	06/07/2020

Details of Person Involved

Any Pedestrian Involved: No

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

Driver

Name	KOH PUAY HENG ALOYSIUS	ID No.	S8117119H
Related Vehicle	SJZ9439D (Car)	Contact No	91774662
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	YEOH KIAN BOON	ID No	S6824204D
Related Vehicle	SKA878M (Car)	Contact No	98467241
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

T20191211/2138

Police Station Of Origin
Punggol N.P.C.
21A Tebing Lane SINGAPORE 828937
Tel No: 1800-6349859

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Report No: T20191211/2138

CONTINUATION OF REPORT

Driver					
Name	IRENE			ID No	NIL
Related Vehicle	SLP816L (Car)			Contact No	97559081
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	FABIAN			ID No	NIL
Related Vehicle	SMA4351A (Car)			Contact No	98777980
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	TAN GUOJUN			ID No	S8107739I
Related Vehicle	SMP8807T (Car)			Contact No	94818953
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 11/12/19 at about 1403hrs, I was driving my vehicle bearing vehicle number SJZ5439D together with 2 of my colleagues by the name of Amber and Choon Long. I was driving along AYE heading towards CTE and was driving on the right furthest lane. I then saw the vehicle that was infront of me had braked the vehicle suddenly. I followed and stepped on the brake and managed to avoid colliding on to the vehicle infront. After I managed to stop my vehicle, I felt 3 more impact from the rear of my vehicle which caused my vehicle to lunge forward causing my vehicle to collide onto the vehicle infront. After which, we alighted from the vehicle and realized that there were other vehicles involved in the accident. The order of the vehicle are as such

1 SLP816L
2 SKA876DM

SINGAPORE POLICE FORCE

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-5045935

CONTINUATION OF REPORT

3. SJZ9430D (My vehicle)
4. SMF8307T
5. WPE63B
6. SMA4851A

No one was injured at the point of time. The traffic police attended to us and advised me to lodge a traffic accident report as a foreign vehicle was involved in the accident.

That is all.

SINGAPORE POLICE FORCE

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800 6049999

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Report No: I/2019121102134

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474835 stating the report number as reference.

Signature Of Officer Recording The Report: IP / Sgt X GOH JUN JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2019 17:28
Officer In Charge Of Case: IP / AETI / Sr Staff Sgt ONG YONG HOCK Contact No: 65476436	Classification Of Case:

Authentication Stamp
NPTH

Accident Photo

Driving License

Accident Photo

Accident Photo

Accident Photo

Accident Photo