

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 First Submission	26/07/2023 14:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/07/2023 08:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER EAST COAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY34A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH TYE LEE
NRIC No	SXXXX645Z
Email Address	JUDYKOH@COASTAL.COM.SG
Mobile Phone No	(Phone) +65-97366155
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2362

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00076862306

DRIVER

Name of Driver	KOH TYE LEE
NRIC No	SXXXX645Z
Date Of Birth	16/01/1956
Occupation	Indoor

Date Of Driving Pass	17/10/1978
Driving experience	44 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97366155
Alt. Phone Number	-
Email Address	JUDYKOH@COASTAL.COM.SG
Address	34 SENNETT TERRACE
Address complement	-
Postcode	466729
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collided into Pedestrian
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	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 THE ATTACHED STATEMENT
 *PLEASE BE INFORMED THAT VEHICLE WAS NOT BROUGHT IN FOR PHOTO TAKING DUE TO OWNER ALREADY PLACE AT WORKSHOP AND IT IS ON THE PROCESS OF REPAIRING.

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	PEDESTRIAN
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

SKETCH PLAN

IMPORTANT NOTICE

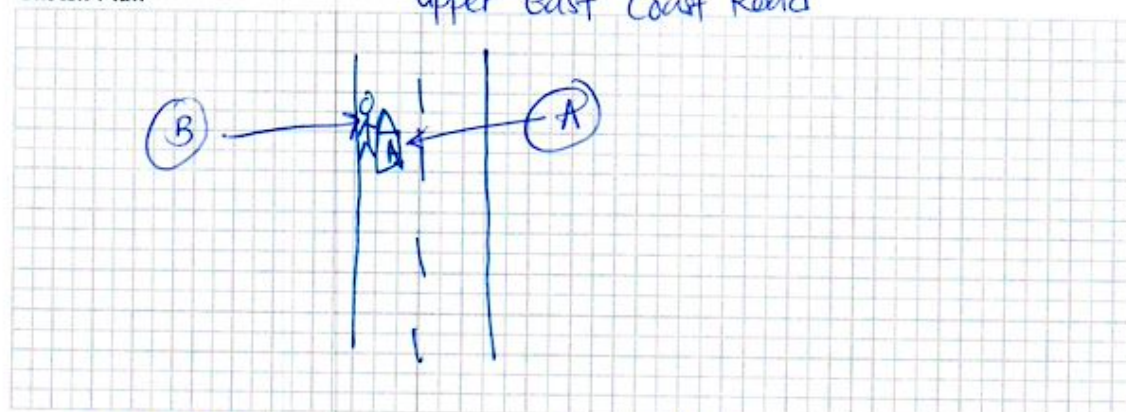
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

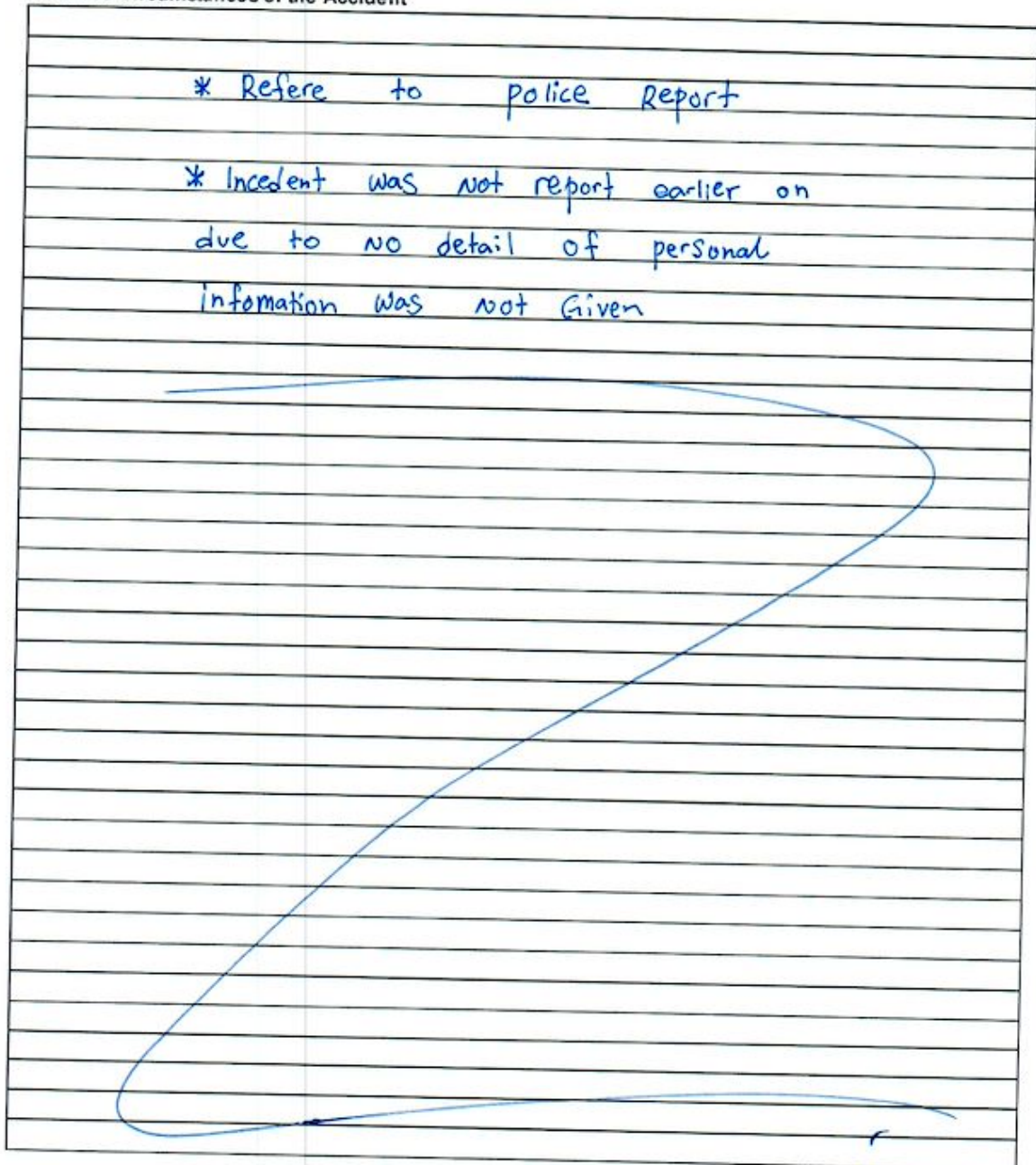
Sketch Plan



Describe Circumstances of the Accident

* Refere to police Report

* Incident was not report earlier on
due to no detail of personal
information was not Given




Declaration

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

 26/7/2023
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20230722/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230722/7024

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFY34A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0007686 2306	14/06/2023	13/06/2024

Details of Person Involved

Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Used	
Driver			
Name	KOH TYE LEE	ID No.	S1153645Z
Related Vehicle	SFY34A (Car)	Contact No.	97366155
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Pedestrian			
Name	UNKNOWN	ID No.	UNKNOWN
Related Vehicle	NIL	Contact No.	92715812
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was heading back home from my usual marketing session every Saturday morning. The accident took place as I was driving along Upper East Coast Road slightly after Evergreen Avenue. A lady pedestrian was standing on the side of the road, down from the pedestrian pathway on the 2 yellow lines when the left side mirror of my car hit her and she fell from the impact. It seems like she was trying to cross to the other side of the road which has 2 way traffic and I did not see her at all as it was a blind spot. I kept apologizing to her and offered to call an ambulance for her but she declined saying that there is no need to. She seems to have incurred cuts/abrasions on her forehead and right leg with bruises on her left arm from the fall of the impact from what I can see. She is staying at Evergreen Avenue and after the accident, she called her mother and sister to come out and they asked me for my mobile number and I provided it to them. As of now, she has yet to provide us with her details, we only have her mother's contact number which is 9271 5812 and her mother says that they will provide her daughter's name and other details to me later as they are busy right now.









**SINGAPORE
POLICE FORCE**



T/20230722/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230722/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2023 11:41	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KOH TYE LEE	Address: 34 SENNETT TERRACE SINGAPORE 466729		
ID Type / ID No.: NRIC NO / S1153645Z	Contact No.: Home/Office: Mobile: 97366155		
Nationality: SINGAPORE CITIZEN	Email: JUDYKOH@COASTAL.COM.SG		
Sex: Female	Age: 67	Date of Birth: 16/01/1956	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: Sales manager	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 22/07/2023 08:40	Type of Location: Straight Road
Location: UPPER EAST COAST ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFY34A	Car	TOYOTA	ESTIMA AERAS PREMIUM EDITION 2.4 2WD	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230722/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230722/7024

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFY34A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0007686 2306	14/06/2023	13/06/2024

Details of Person Involved

Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Used	
Driver			
Name	KOH TYE LEE	ID No.	S1153645Z
Related Vehicle	SFY34A (Car)	Contact No.	97366155
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Pedestrian			
Name	UNKNOWN	ID No.	UNKNOWN
Related Vehicle	NIL	Contact No.	92715812
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230722/7024

3 of 3

Report No. T/20230722/7024

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
22/07/2023 11:41

Classification Of Case:

NP168