

# 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 .....	28/07/2023 15:27 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	27/07/2023 11:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TPE TOWARDS UPPER CHANGI ROAD E SLIP ROAD INTO PASIR RIS DRIVE 8
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBK656B
-----------------------------------	---------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	J & J TRADING SVS
Company Reg No .....	5XXXX188C
Email Address .....	JEFFMJOH@GMAIL.COM
Mobile Phone No .....	(Phone) +65-82822000
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2754

### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	MP005910

### DRIVER

Name of Driver .....	OH MUI JOON
NRIC No .....	SXXXX491I
Date Of Birth .....	03/04/1964

Occupation .....	Indoor
Date Of Driving Pass .....	28/12/1989
Driving experience .....	33 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82822000
Alt. Phone Number .....	-
Email Address .....	JEFFMJOH@GMAIL.COM
Address .....	KAKI BUKIT GREEN , 518 BEDOK NORTH AVENUE 2
Address complement .....	# 09-167
Postcode .....	460518
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 .....	HENG SOK BOEY
Gender .....	Female

#### 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 POLICE REPORT - T/20230728/7015

#### 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 .....	SMX7004M
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	AVI KAPOOR
NRIC No .....	SXXXX291E
Contact Number .....	(Phone) +65-93859878
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 .....	OH MUI JOON
Gender .....	Male
Phone No .....	(Phone) +65-82822000
Address .....	KAKI BUKIT GREEN , 518 BEDOK NORTH AVENUE 2
Address Complement .....	# 09-167
Post Code .....	460518
Approximate Age Years Old .....	-
Injuries Sustained .....	DISCOMFORT AT NECK,CHEST,RIGHT SHOULDER AND GIDDINESS -GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	GBK656B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	HENG SOK BOEY
Gender .....	Female
Phone No .....	(Phone) +65-96269997
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK,CHEST,KNEE DISCOMFORT WITH GIDDINESS-GIVEN 7 DAYS OF MC
Injured person in which vehicle? .....	GBK656B
Were seat belts worn? .....	-
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 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 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.
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

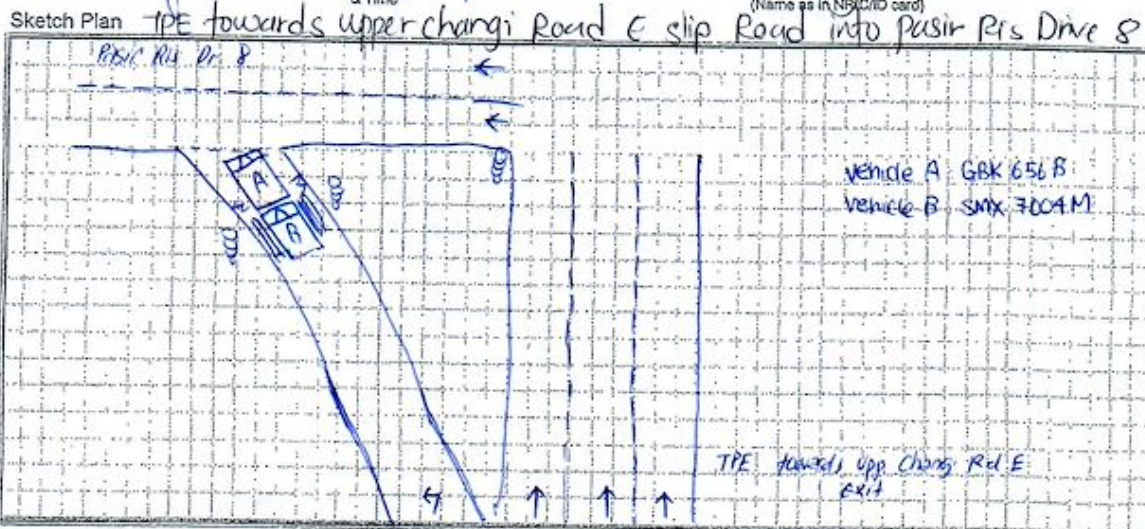
28/1/2023



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

28/1/2023

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









**SINGAPORE  
POLICE FORCE**

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



T/20230728/7015

2 of 3

Report No. T/20230728/7015

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	OH MUI JOON	ID No.	S16424911
Related Vehicle	GBK656B (Van)	Contact No.	82822000
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	27/07/2023	Date	27/07/2023
No. of Days granted Medical Leave	05	Degree of	Serious
<b>Passenger</b>			
Name	HENG SOK BOEY	ID No.	S7301962A
Related Vehicle	GBK656B (Van)	Contact No.	96269997
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	27/07/2023	Date	28/07/2023
No. of Days granted Medical Leave	07	Degree of	Slight
<b>Driver</b>			
Name	AVI KAPOOR	ID No.	S2633291E
Related Vehicle	SMX7004M (Car)	Contact No.	93859878
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

**Brief Details.**

On 27/07/2023 at around 1115hrs, I was driving along TPE towards Upp Changi Rd E slip road into Pasir Ris Drive 8, I was slowed down and stopped behind the give way line due to oncoming traffic. Out of a sudden, vehicle B ( SMX 7004 M ) collided into the rear portion of my vehicle. after the accident, I felt discomfort at neck, chest, right shoulder and giddiness. my passenger also experienced neck, chest, knee discomfort with giddiness. we went to Mount Alvernia to consult a doctor and was given 5 days and 7 days MC respectively.



















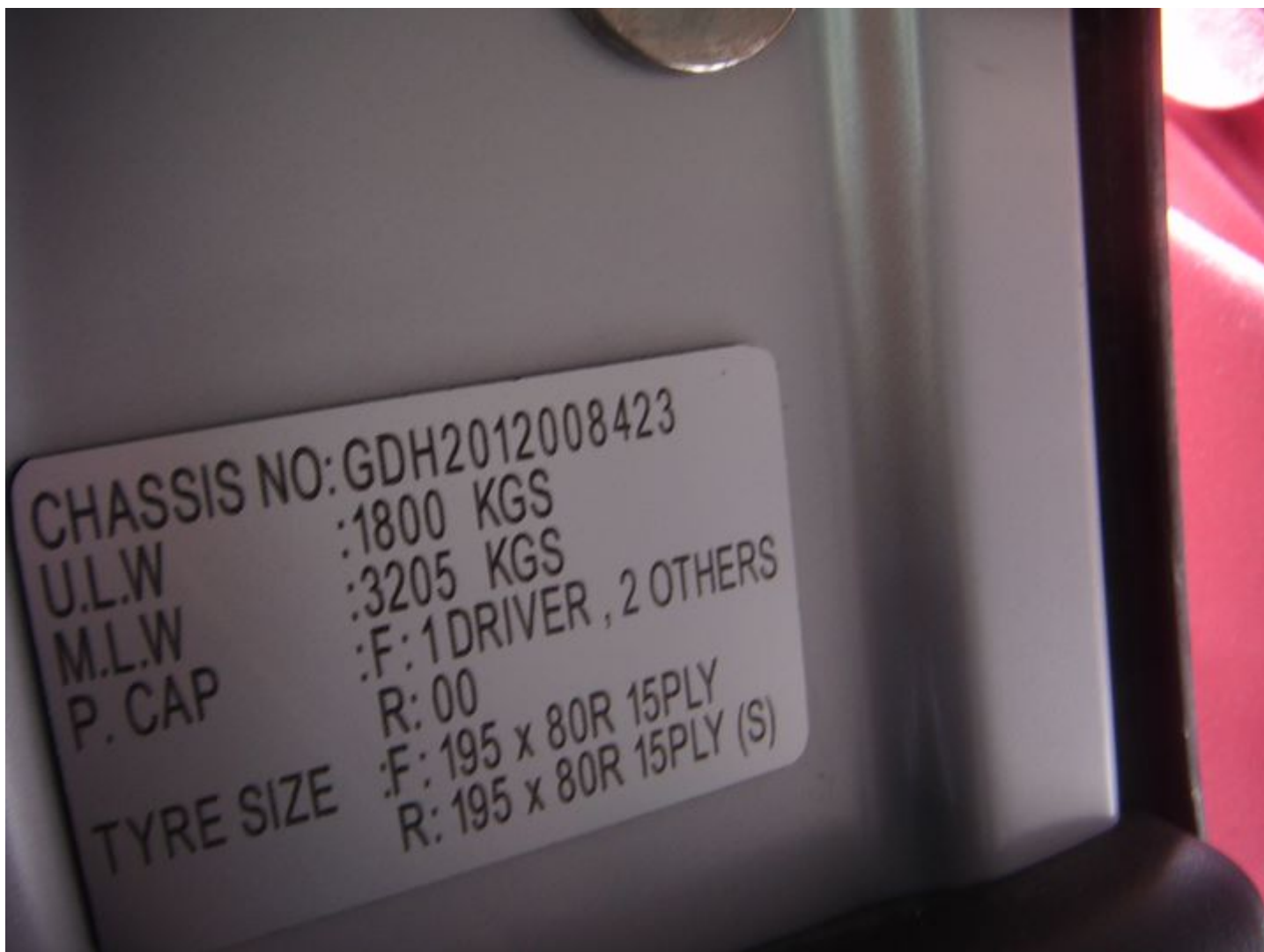
















# SINGAPORE POLICE FORCE



T/20230728/7015

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

1 of 3

Report No. T/20230728/7015

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
28/07/2023 11:21

Vide Report No.:

Station Diary No.:

### Informant's Particulars

Name of Informant: OH MUI JOON			Address: 518 BEDOK NORTH AVENUE 2 #09-167 SINGAPORE 460518	
ID Type / ID No.: NRIC NO / S16424911			Contact No.: Home/Office: Mobile: 82822000	
Nationality: SINGAPORE CITIZEN			Email: JEFFMJOH@GMAIL.COM	
Sex: Male	Age: 59	Date of Birth: 03/04/1964	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Self-Employed			Driving Licence Information: Class: 3,4 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/07/2023 11:15	Type of Location: SLIP ROAD
Location:  PASIR RIS GROVE				
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
GBK656B	Van	TOYOTA	HIACE	Silver	Slightly Damaged	1
SMX7004M	Car	MERCEDES BENZ		Silver	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**

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



T/20230728/7015

2 of 3

Report No. T/20230728/7015

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	OH MUI JOON	ID No.	S16424911
Related Vehicle	GBK656B (Van)	Contact No.	82822000
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	27/07/2023	Date	27/07/2023
No. of Days granted Medical Leave	05	Degree of	Serious
<b>Passenger</b>			
Name	HENG SOK BOEY	ID No.	S7301962A
Related Vehicle	GBK656B (Van)	Contact No.	96269997
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	27/07/2023	Date	28/07/2023
No. of Days granted Medical Leave	07	Degree of	Slight
<b>Driver</b>			
Name	AVI KAPOOR	ID No.	S2633291E
Related Vehicle	SMX7004M (Car)	Contact No.	93859878
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

**Brief Details.**

On 27/07/2023 at around 1115hrs, I was driving along TPE towards Upp Changi Rd E slip road into Pasir Ris Drive 8, I was slowed down and stopped behind the give way line due to oncoming traffic. Out of a sudden, vehicle B ( SMX 7004 M ) collided into the rear portion of my vehicle. after the accident, I felt discomfort at neck, chest, right shoulder and giddiness. my passenger also experienced neck, chest, knee discomfort with giddiness. we went to Mount Alvernia to consult a doctor and was given 5 days and 7 days MC respectively.



**SINGAPORE  
POLICE FORCE**

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



T/20230728/7015

3 of 3

Report No. T/20230728/7015

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
LEE GUANG HUI  
Contact No.: 65476204

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

Date/Time:  
28/07/2023 11:21

Classification Of Case:

NP168