

# 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 .....	16/08/2024 15:01 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	15/08/2024 15:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	EXIT FROM ROUNDABOUT OPPOSITE NORMANTON PARK ALONG SCIENCE PARK DRIVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLK1293P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GOH BING HENG
NRIC No .....	SXXXX541Z
Email Address .....	
Mobile Phone No .....	
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	318i
Variant .....	LED NAV
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 .....	1499
Vehicle Fuel .....	Petrol
First Registration Date .....	06/01/2017
Chassis no .....	WBA8E36080NU33000
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number .....	MT/00569164/05

### DRIVER

Name of Driver .....	GOH BING HENG
NRIC No .....	SXXXX541Z
Date Of Birth .....	
Occupation .....	Outdoor
Driving Pass Date .....	02/02/2009
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	15 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	
Alt. Phone Number .....	-
Email Address .....	
Address .....	
Address complement .....	-
Postcode .....	118892
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 .....	Collision - Roundabout
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	FENG CHUN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT.

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SHB747Z  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Taxi  
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) ..... -

### WITNESS DETAILS

WITNESS 1

Name ..... FENG CHUN  
Phone .....  
Email .....

SKETCH PLAN

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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 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: 16/06/2024  
 13:30

\_\_\_\_\_  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

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

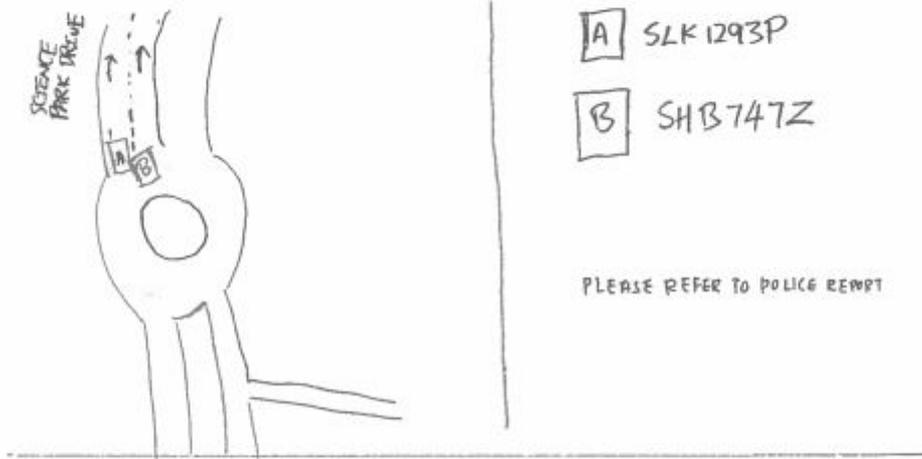
# Accident Toolkit

## Sketch plan

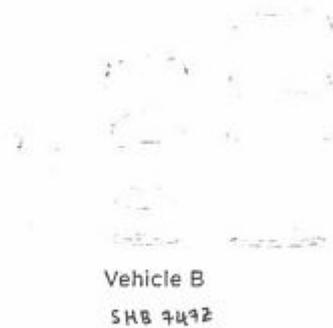
Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.



Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



**direct**  
**asia**  
• insurance

Call us direct  
Customer Care  
**6665 5555**  
Claims Support 24/7 Hot line  
**6532 1818**  
141 0022 1608 - P2 - 0 - 1024





























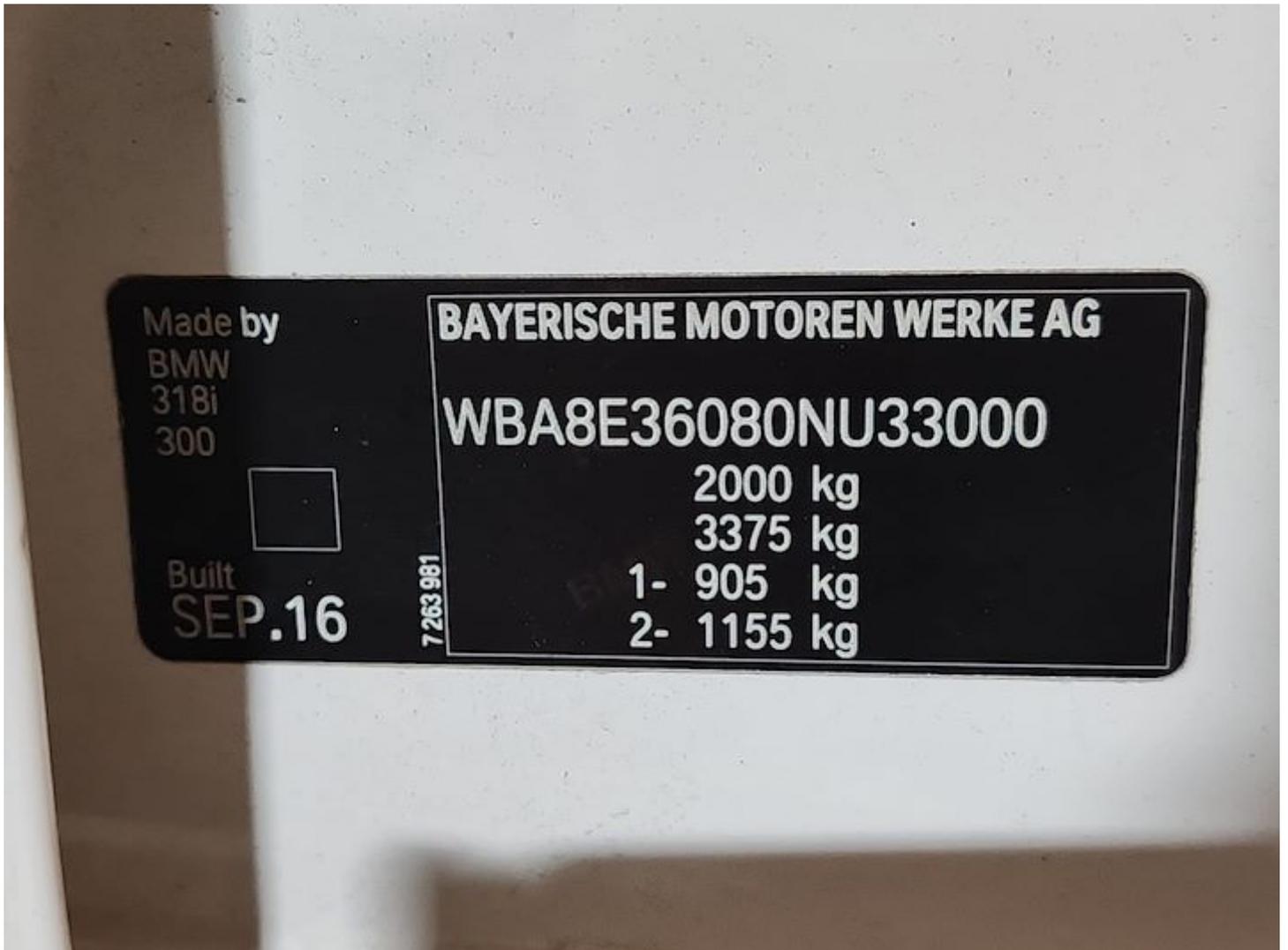
























**SINGAPORE  
POLICE FORCE**



D/20240816/7029

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20240816/7029

Subjects Involved			
Victim			
Person Name	GOH BING HENG		
ID Type	NRIC NO	ID No	
Gender	Male	Age	
Race	Chinese	Language	English
Occupation	Commercial airline pilot	Address	
Mobile No		Is Informant A Victim?	Yes
Person Name	Feng Chun		
ID Type	NRIC NO	ID No	
Gender	Female	Age	
Race	Chinese	Language	English
Occupation	Commercial airline pilot	Address	
Mobile No	98339107	Relation To Informant	Partner
Person Name	GOH BING HENG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/08/2024 14:38
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



D/20240816/7029

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**POLICE REPORT (NP299)**

Report No. D/20240816/7029

Police Station Of Origin  
Clementi Division HQ  
6 Lempeng Drive SINGAPORE 128496  
Tel No:1800-7740000

Date/Time Report Made 16/08/2024 14:38	Vide Report No.	Station Diary No.
Name Of Informant GOH BING HENG	Address	
ID Type / ID No. NRIC NO /	Contact No. Home/Office:      Mobile:	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Commercial airline pilot	Sex Male	Age
Institution/School Name	Date of Birth	Race Chinese
	Language English	
Date/Time Of Incident 15/08/2024 15:55 - 15/08/2024 16:00	Location Of Incident 89 SCIENCE PARK DRIVE THE RUTHERFORD SINGAPORE 118261	

**Brief details.**

I was driving and exiting the roundabout along Science Park Drive where a taxi SHB747Z entered into my lane and hit me from the right rear side of my car and also horn at me before he drove off without stopping his vehicle. It was only after I followed him for about 600m did he finally come to a stop at a pedestrian crossing and I kept signaling at him to stop. If I did not follow him and if there weren't a pedestrian crossing along the pedestrian crossing he would not have stopped after hitting my car. Driver of the taxi claims he did not feel the impact that is why he did not stop but it was evident he felt the impact as he actually pressed the horn after impact and thereafter slowed down abit before speeding off. Please do take note that the place that we stopped for settlement is not the original place that the accident occurred.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/08/2024 14:38
Officer In-Charge Of Case:	Classification Of Case: