

## 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 .....	04/09/2024 17:58 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	03/09/2024 19:45 (SGT)
Exact Location of Accident .....	Seletar, Singapore
Additional Location Information .....	Along SLE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBC2492K
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	Bok Seng Logistics Pte Ltd
Company Reg No .....	1XXXXX010H
Email Address .....	irene.tan@bokseng-ipl.com
Mobile Phone No .....	(Phone) +65-64161996
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Citroen
Model .....	Berlingo
Variant .....	A50
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? .....	Yes
Vehicle Category .....	Motor trade
Transmission .....	Manual
CC .....	1560
Vehicle Fuel .....	-
First Registration Date .....	29/09/2011
Chassis no .....	VF77F9HXCJB519986
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D19MFL0000751_05

#### DRIVER

Name of Driver .....	Goh Kheng Leng
NRIC No .....	SXXXX761G
Date Of Birth .....	02/04/1972
Occupation .....	Outdoor
Driving Pass Date .....	25/08/2006
Driving License Pass Class .....	2B
Driving License Validity .....	Valid
Driving experience .....	18 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-81824802
Alt. Phone Number .....	-
Email Address .....	irene.tan@bokseng-ipl.com
Address .....	268 Pasir ris street
Address complement .....	21#428
Postcode .....	510268
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 .....	Side Swipe
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? .....	No
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 .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police report T/20240903/2091.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No



**SKETCH PLAN**

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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.

*[Signature]*



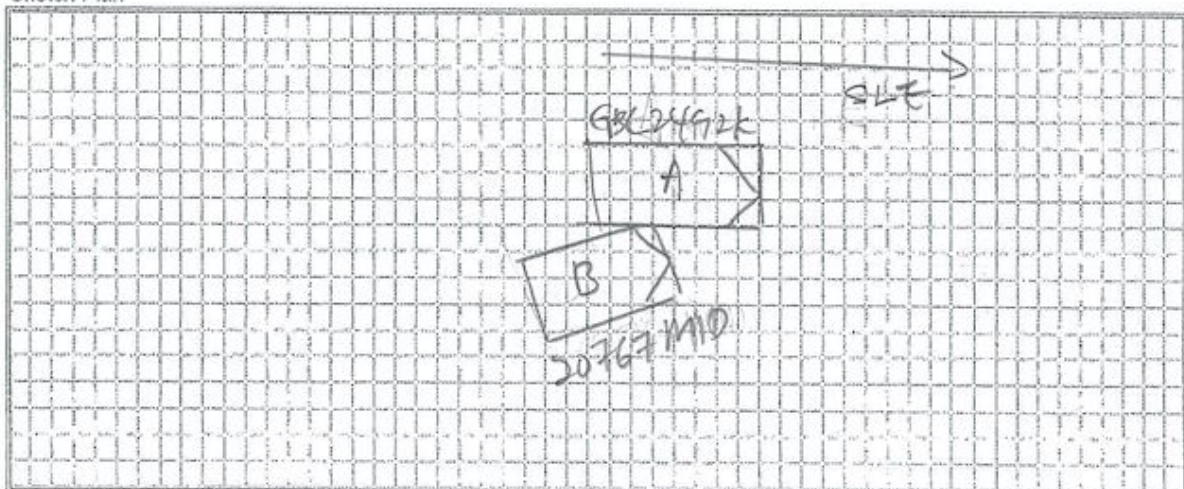
*[Signature]*

Policyholder's Signature / Date & Time

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

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

**Sketch Plan**

















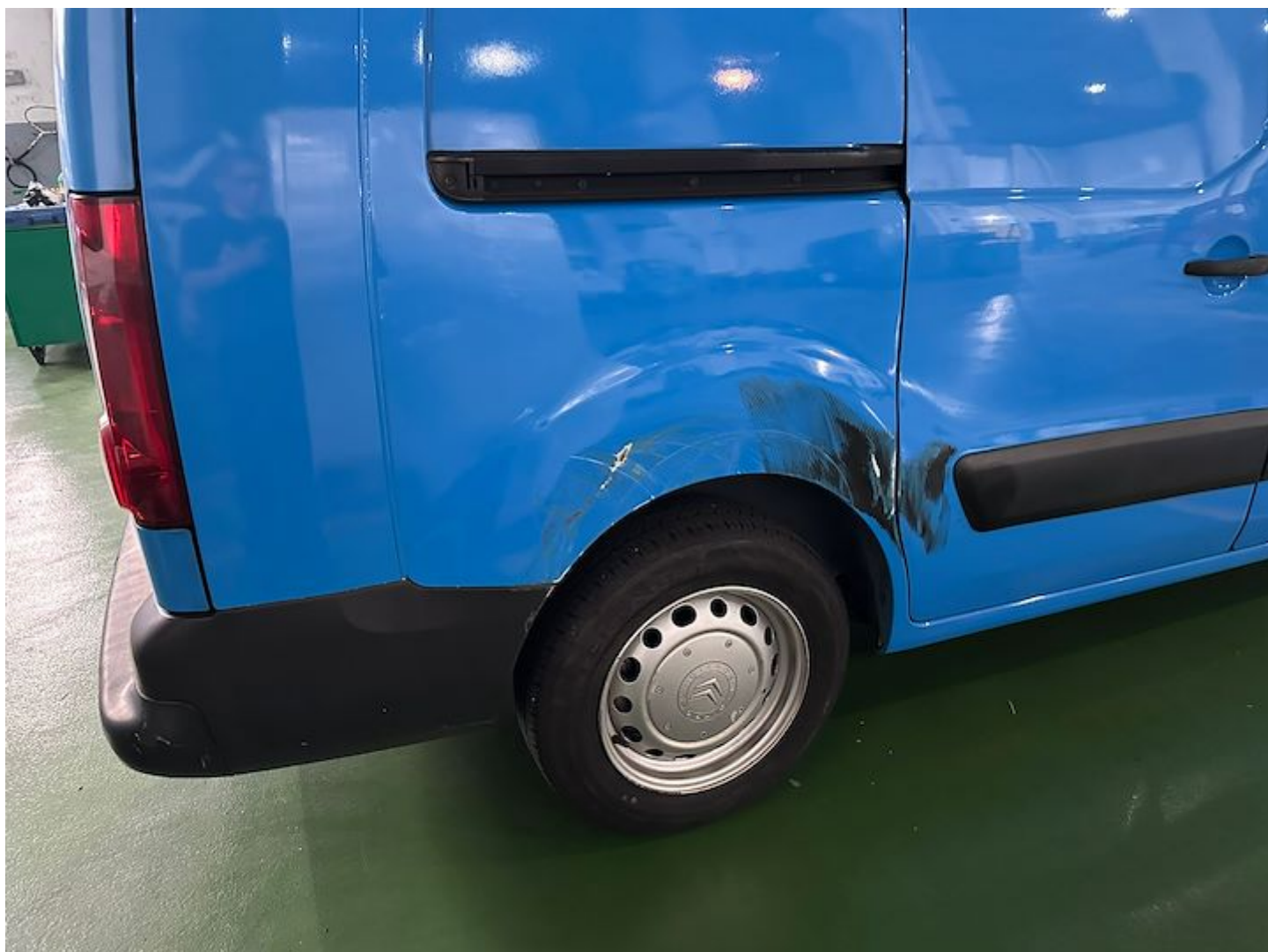
































**SINGAPORE  
POLICE FORCE**



T/20240903/2091

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20240903/2091

**CONTINUATION OF REPORT**

Driver			
Name	SYARIF HIDAYATULLAH BIN SAHLAN	ID No.	T0419765D
Related Vehicle	20767MID (SAF VEHICLE)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	GOH KHENG LENG	ID No.	S7278761G
Related Vehicle	GBC2492K (Motor van)	Contact No.	81824802
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 03/09/2024 at about 7.45pm, I was driving my vehicle GBC2492K along SLE. I was on the extreme left lane, the emergency lane has vehicles as well, as there was accident.

There was a SAF vehicle 20767MID which was on the right side of my vehicle. The vehicle filtered into my lane and did not see my vehicle. It side swiped my right side of my vehicle.

We came down and exchanged particulars. No one was injured.

My vehicle rear right suffered scratches.

The EMAS people was there as well.





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1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20240903/2091

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/09/2024 22:24	Vide Report No.:	Station Diary No.: 81
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**Informant's Particulars**

Name of Informant: GOH KHENG LENG	Address: 268 PASIR RIS STREET 21 #02-428 SINGAPORE 510268		
ID Type / ID No.: NRIC NO / S7278761G	Contact No.: Home/Office: Mobile: 81824802		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 52	Date of Birth: 02/04/1972	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: WORKSHOP MANAGER	Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 03/09/2024 19:45	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
20767MID	SAF VEHICLE					0
GBC2492K	Motor van					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20240903/2091

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20240903/2091

CONTINUATION OF REPORT

Signature of Officer Recording The  
G /  
SR STAFF SGT GOH SZE HAO,  
VALENTINE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
INSP (2) LOW MENG FATT  
Contact No.: 97577566

Signature Of Informant:

Date/Time:  
03/09/2024 22:24

Classification Of Case:

NP168