

## 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 .....	30/08/2024 15:31 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	29/08/2024 12:59 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG CHANCERY ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNG5536K
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	DAVID GIAM KIM POH
NRIC No .....	S1525699J
Email Address .....	DAVIDGIAM62@GMAIL.COM
Mobile Phone No .....	(Phone) +65-93634266
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	NOAH HYBRID 1.8X CVT
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 hire
Transmission .....	Auto
CC .....	1797
Vehicle Fuel .....	Petrol-Electric
First Registration Date .....	17/08/2022
Chassis no .....	ZWR800509704
Effective Date/Time of Ownership .....	17/08/2022 04:08 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNA00013682402

#### DRIVER

Name of Driver .....	DAVID GIAM KIM POH
NRIC No .....	S1525699J
Date Of Birth .....	09/02/1962
Occupation .....	Outdoor
Driving Pass Date .....	25/09/1997
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	26 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93634266
Alt. Phone Number .....	-
Email Address .....	DAVIDGIAM62@GMAIL.COM
Address .....	BLK 147 SERANGOON NORTH AVENUE 1 08-433 SINGAPORE 550147
Address complement .....	-
Postcode .....	550147
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 Motorcyclist
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? .....	Yes
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 .....	GOJEK PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

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 ..... FBP4474G  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Motorcycle  
 Name of Driver ..... KHAN MD MOSHIOUR RAHMAN  
 Contact Number ..... (Phone) +65-91261012  
 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 ..... KHAN MD MOSHIOUR RAHMAN  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... FBP4474G  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

**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

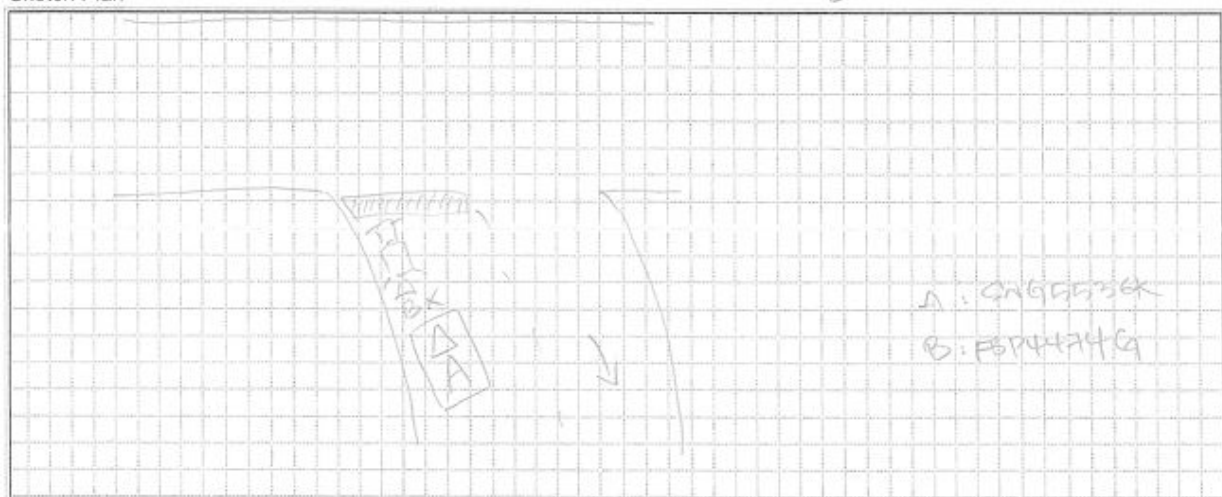
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



vJun2022

1

Describe Circumstance of the Accident

*Refer to police report*

**Declaration**

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

*[Signature]*

Policyholder's Signature / Date & Time

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

*[Signature]*



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





















**SINGAPORE  
POLICE FORCE**



T/20240829/2051

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 3

Report No. T.20240829/2051

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/08/2024 15:51		Vide Report No.: E/20240829/0067		Station Diary No.: 84
<b>Informant's Particulars</b>				
Name of Informant: DAVID GIAM KIM POH		Address: APT BLK 147 SERANGOON NORTH AVENUE 1 #08-433 SINGAPORE 550147		
ID Type / ID No.: NRIC NO / S1525699J		Contact No.: Home/Office:                      Mobile: 93634266		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 62	Date of Birth: 09/02/1962	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: GOJEK DRIVER		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: 29/08/2024 13:00	Type of Location: T-Junction
Location:  CHANCERY LANE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
FBP4474G	Motorcycle	YAMAHA	R15	Blue	Slightly Damaged	0
SNG5536K	Motor car	TOYOTA	NOAH	Black	Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20240829/2051

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

2 of 3

Report No. T/20240829/2051

**CONTINUATION OF REPORT**

Rider			
Name	KHAN MD MOSHIOUR RAHMAN	ID No.	G7921620N
Related Vehicle	FBP4474G (Motorcycle)	Contact No.	91261012
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	Slight
Driver			
Name	DAVID GIAM KIM POH	ID No.	S1525699J
Related Vehicle	SNG5536K (Motor car)	Contact No.	93634266
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 29/08/2024 at about 1259hrs, I was driving along Chancery Road and I had a passenger onboard my vehicle. I am driving my personal vehicle bearing SNG5536K as a GoJek driver.

While travelling along Chancery Road toward Thomson Road, I noticed there was motorcycle in front of me hence I slowed down and came to a stop. When the traffic was clear, I noticed that a van in front of the said motorcycle drove off. I checked my blind spot on my right and began to accelerate. While doing so, I did not notice that the said motorcyclist have yet to move hence my vehicle came in contact with the said motorcycle. The motorcyclist fell from his bike. The motorcycle landed on top of the rider's leg. I quickly rendered assistance and called for ambulance.

Ambulance and Traffic Police were activated. I have footage saved in my phone and has already forwarded to Traffic Police to aid investigation. There were minor damages on both of our vehicles.

Traffic police came and took over the scene. I was given a case card and was advised to lodge an accident report.



SINGAPORE  
POLICE FORCE



T/20240829/2051

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 3

Report No. T/20240829.2051

Signature of Officer Recording The  
E /  
SGT 3 AHMAD MUHAIMIN  
AMZAR BIN MOHD YUSOF

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SR STAFF SGT LEE GUANG HUI  
Contact No.: 65476414

Signature Of Informant:

Date/Time:  
29/08/2024 15:51

Classification Of Case:

NP168

