

# 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 .....        | 20/06/2024 16:54 (SGT) |
| Reported by .....                     | Actual Driver          |
| Date of Accident .....                | 20/06/2024 01:15 (SGT) |
| Exact Location of Accident .....      | Singapore              |
| Additional Location Information ..... | ROCHOR RD              |
| Country/State of Loss .....           | Singapore              |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SHD2199G |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |  |
|--------------------------------|--|
| Is company? .....              | Yes                                      |
| Name Of Registered Owner ..... | PRIME CAR RENTAL & TAXI SERVICES PTE LTD |
| Company Reg No .....           | 199606293Z                               |
| Email Address .....            | admin@primeautoclaims.com.sg             |
| Mobile Phone No .....          | (Phone) +65-68982000                     |
| Alternative Phone No .....     | -  |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Honda                     |
| Model .....  | Shuttle                   |
| Variant .....  | -                         |
| Exact purpose for which vehicle was being used at time of accident .....           | -                         |
| Are you claiming under your own insurance policy for repair to your vehicle? ..... | No - Claiming third party |
| Vehicle Category .....   | Taxi                      |
| Transmission .....   | Auto                      |
| CC .....   | 1497                      |

### INSURANCE COMPANY

|   |                                       |
|---|---------------------------------------|
| Name of Insurance Company .....         | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number ..... | D20MFL0006372_03                      |

### DRIVER

|                      |             |
|----------------------|-------------|
| Name of Driver ..... | GOH SHU HAO |
| NRIC No .....        | S8721969J   |
| Date Of Birth .....  | 06/07/1987  |
| Occupation .....     | Outdoor     |

|  |                                 |
|--|---------------------------------|
| Driving Pass Date .....  | 14/01/2008                      |
| Driving experience .....   | 16 YEARS AND 5 MONTHS           |
| Gender .....   | Male                            |
| Mobile Number .....  | (Phone) +65-90167285            |
| Alt. Phone Number .....  | -                               |
| Email Address .....  | admin@primeautoclaims.com.sg    |
| Address .....  | 5 JALAN PINANG THE HIVE @ BUGIS |
| Address complement .....   | -                               |
| Postcode .....   | 199137                          |
| Is the driver the policyholder? .....                              | No                              |
| If No, Relationship of the Driver with the Insured .....           | Hirer                           |
| 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 - Major/Minor Rd |
| 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 .....   | PASSENGER A |
| 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

REFER TO THE ATTACHMENT.

#### 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 .....             | SHC3525Y                       |
| Vehicle Manufacturer .....                    | Toyota                         |
| Vehicle Model .....                           | Prius                          |
| Vehicle Variant .....                         | -                              |
| Vehicle Colour .....                          | Blue                           |
| Vehicle Category .....                        | Taxi                           |
| Name of Driver .....                          | -                              |
| Contact Number .....                          | -                              |
| Address .....                                 | -                              |
| Address complement .....                      | -                              |
| Postcode .....                                | -                              |
| Insurance Company Name .....                  | MS First Capital Insurance Ltd |
| 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.
2. This Form must be completed by the Policyholder and/or the Authorised 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. 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' 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]*

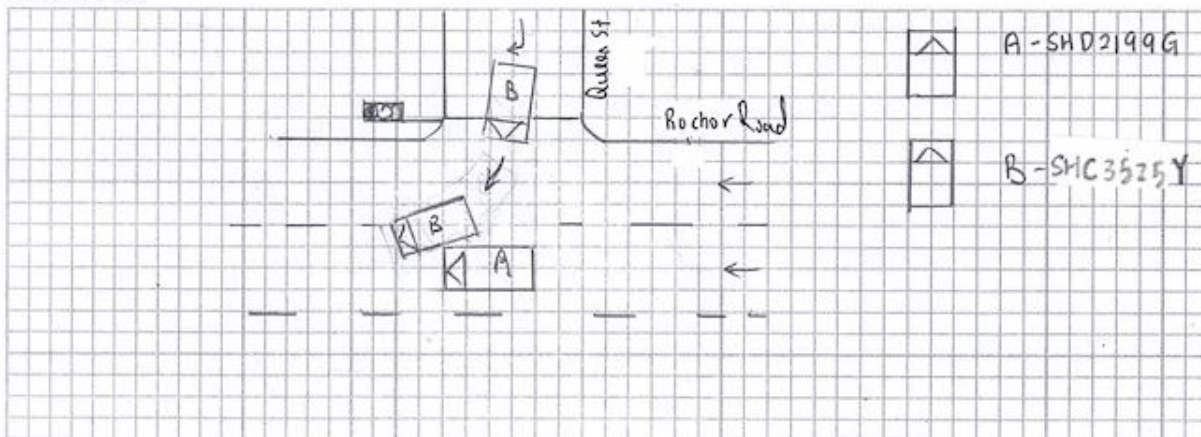
20/6/24  
1517

*[Signature]*

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**

On 20.06.2024 @ 0115hrs, I was driving taxi SHD2199G along Rochor Rd on the 2<sup>nd</sup> right lane. Traffic light was green in my favor as such I proceed with the driving. Approaching near to the traffic light junction between Queen St, one taxi SHC3525Y failing to stop at red light junction dashing out and collided with my taxi right frontal & right side & etc. The great impact caused my front right & left air bags deployed. After the accident, we alighted from our taxi to check on the situation. At the material time, I had one female passenger on board and was sitting on the left front seat. No one was injured in the accident. My taxi was badly damaged.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

20/6/24 1517

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

Witnessed by Reporting Centre Personnel













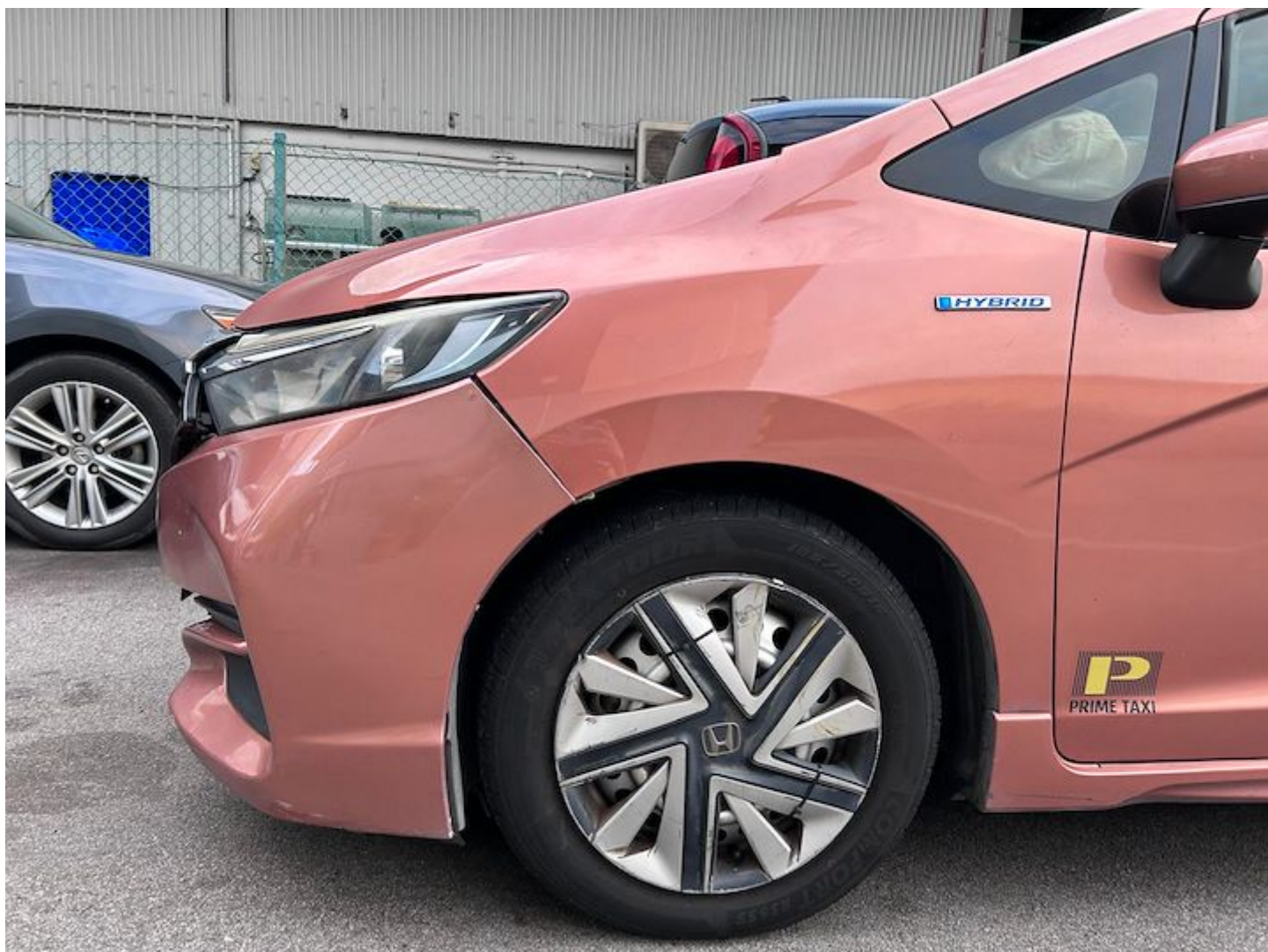






































**SINGAPORE  
POLICE FORCE**



T/20240621/7088

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

1 of 3

Report No. T/20240621/7088

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                                     |  |                    |  |
|--|------------|-------------------------------------|--|--------------------|--|
| Date/Time Report Made:<br>21/06/2024 16:54 |            | Vide Report No.:<br>A/20240620/0017 |  | Station Diary No.: |  |
| <b>Informant's Particulars</b>             |            |                                     |  |                    |  |
| Name of Informant:<br>GOH SHU HAO          |            |                                     | Address:<br>5 JALAN PINANG THE HIVE @ BUGIS SINGAPORE 199137 |                    |  |
| ID Type / ID No.:<br>NRIC NO / S8721969J   |            |                                     | Contact No.:<br>Home/Office: Mobile: 90167285                |                    |  |
| Nationality:<br>SINGAPORE CITIZEN          |            |                                     | Email:<br>FREDGOHSH@GMAIL.COM                                |                    |  |
| Sex:<br>Male                               | Age:<br>36 | Date of Birth:<br>06/07/1987        | Type of Informant:<br>Driver                                 |                    |  |
| Race:<br>Chinese                           |            |                                     | Language:<br>English   |                    |  |
| Occupation:<br>Taxi driver                 |            |                                     | Driving Licence Information:<br>Class: Date of Expiry:       |                    |  |

|   |                                   |                                    |  |  |
|---|-----------------------------------|------------------------------------|--|--|
| <b>General Information of the Accident</b>                                  |                                   |                                    |  |  |
| Type of Accident:   | Non-Injury<br>Government Property | Drink Drive:<br>No                 | Date/Time of Accident:<br>20/06/2024 01:15 | Type of Location:<br>T-Junction        |
| Location:<br><br>ROCHOR ROAD  |                                   |                                    |  |  |
| Weather:<br>Clear   |                                   | Road Surface:<br>Dry               |  |  |
| Traffic Flow:<br>One Way  |                                   | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Light               |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                                   |                                    |  | Anyone conveyed by<br>ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |           |      |       |       |           |                 |
|------------------------------------|-----------|------|-------|-------|-----------|-----------------|
| Vehicle No.                        | Type      | Make | Model | Color | Condition | No of Passenger |
| SHC3525Y                           | Motor car |      |       |       |           | 0               |
| SHD2199G                           | Motor car |      |       |       |           | 0               |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |





**SINGAPORE  
POLICE FORCE**



T/20240621/7088

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

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Report No. T/20240621/7088

CONTINUATION OF REPORT

| Driver                                 |                      |  |                                   |
|--|----------------------|--|-----------------------------------|
| Name                                   | GOH SHU HAO          | ID No.                                 | S8721969J                         |
| Related Vehicle                        | SHD2199G (Motor car) | Contact No.                            | 90167285                          |
| Hospital/Clinic                        | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                         | NIL                  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave (MC) | NIL                  | Degree of Injury                       | NIL                               |

**Brief Details.**

On 20.06.2024 @0115hrs, I was driving taxi SHD2199G along Rochor Road on the 2nd right lane. Traffic light was green in my favor as such I proceed with the driving. Approaching near to the traffic light junction between Queen Street, SHC3525Y failing to stop at red light junction dashing out and collided with my taxi right frontal & right side & etc. The great impact caused my front right & left air bags deployed.  
After the accident we alighted from our taxi to check on the situation. At the material time I had one female passenger on board and was sitting on the left front seat. No one was injured in the accident. My taxi was badly damaged.

Refer to report number T/20240621/7073



**SINGAPORE  
POLICE FORCE**

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



T/20240621/7088

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Report No. T/20240621/7088

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65476404

NP168

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

Date/Time:  
21/06/2024 16:54

Classification Of Case:





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SP16246K0004 Vehicle Registration No: SH02199G  
 Name (as shown in NRIC): Goh Shu Hao NRIC/FIN/Passport No: S8721964J  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 5 Jalan Pinang The Hive @ Bugis Singapore (199137)  
 Contact (Tel): 90167285 Mobile No.: \_\_\_\_\_  
 Email Address: admin@primeautoclaims.com.sg  
 Date of Accident: 20.06.2024 Time of Accident: 0115hrs  
 Place of Accident: Rochor Rd  
 Insurance Company: India International Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Added police report number: T12024062117088. Amend on 1p vehicle details and sketch plan.

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date: 21.06.2024

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: LIM SWE E MEI  
 NRIC/FIN No.: M3360183W  
 Date: 21.06.2024