

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	04/10/2024 15:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/10/2024 18:40 (SGT)
Exact Location of Accident	Fort Rd, Singapore
Additional Location Information	JUNCTION OF FORT ROAD AND MEYER ROAD SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK2113T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH E PEI
NRIC No	S6935342H
Email Address	GOHEPEI@GMAIL.COM
Mobile Phone No	(Phone) +65-98305671
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
Variant	HONDA JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
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	1498
Vehicle Fuel	Petrol
First Registration Date	19/06/2017
Chassis no	JHMGK5850HX201322
Effective Date/Time of Ownership	19/06/2017 04:06 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00624366/05

DRIVER

Name of Driver	GOH E PEI
NRIC No	S6935342H
Date Of Birth	13/10/1969
Occupation	Indoor
Driving Pass Date	05/09/1990
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	34 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98305671
Alt. Phone Number	-
Email Address	GOHEPEI@GMAIL.COM
Address	BLK 302 JOO CHIAT PLACE 04-03 SINGAPORE 427982
Address complement	-
Postcode	427982
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 - 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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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	SLZ913L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM QIN XIANG
NRIC No	S8729885Z
Contact Number	(Phone) +65-97378409
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	GOH E PEI
Gender	Male
Phone No	(Phone) +65-98305671
Address	BLK 302 JOO CHIAT PLACE 04-03 SINGAPORE 427982
Address Complement	-
Post Code	427982
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJK2113T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

Driving along rightmost lane of Fort Rd towards
Mounthorpen Road. Just when I was about to exit the
X-junction of Fort Rd & Meyer Rd, the first collision
came to a stop & I followed suit.

After I came to a stop, my car was hit
very hard at the rear. I can hear and
saw SL2 913L was behind me. The driver
admitted he caused his car to collide into my car.
Weather - clear; Roads - dry
Traffic volume - heavy.

We exchanged particulars.

After a few hours, I started feeling pain
in my neck, shoulders, back, hip & waist, at
the back of my right knee.

I went to Parkway Eastslow A&E.
Was given 3 days rest & particulars &
a referral to a physiotherapist.

I will supply a police report soon.

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

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**IMPORTANT NOTICE**

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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

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

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

Sketch Plan

