

# 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 .....	30/09/2024 15:47 (SGT)
Reported by .....	Owner
Date of Accident .....	29/09/2024 18:55 (SGT)
Exact Location of Accident .....	Sims Ave, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GY4298S
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	S G RENOVATION
Company Reg No .....	53308549K
Email Address .....	SGH_RC@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-97410155
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
Variant .....	TOYOTA / DYNA 150 D
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? .....	No - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2986
Vehicle Fuel .....	Diesel
First Registration Date .....	05/04/2005
Chassis no .....	JTFUF34YX03010381
Effective Date/Time of Ownership .....	05/04/2005 00:00 (SGT)

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00014992404

### DRIVER

Name of Driver .....	GOH CHING GUAN
NRIC No .....	S1277381A
Date Of Birth .....	13/12/1957
Occupation .....	Outdoor
Driving Pass Date .....	24/04/1978
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	46 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97410155
Alt. Phone Number .....	-
Email Address .....	SGH_RC@HOTMAIL.COM
Address .....	APT BLK 922 TAMPINES STREET 91 #09-205
Address complement .....	-
Postcode .....	520922
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	DIRECTOR
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? .....	Yes
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? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED POLICE REPORT.

#### 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 .....	SHD9925G
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) .....	2

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHD9925G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

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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

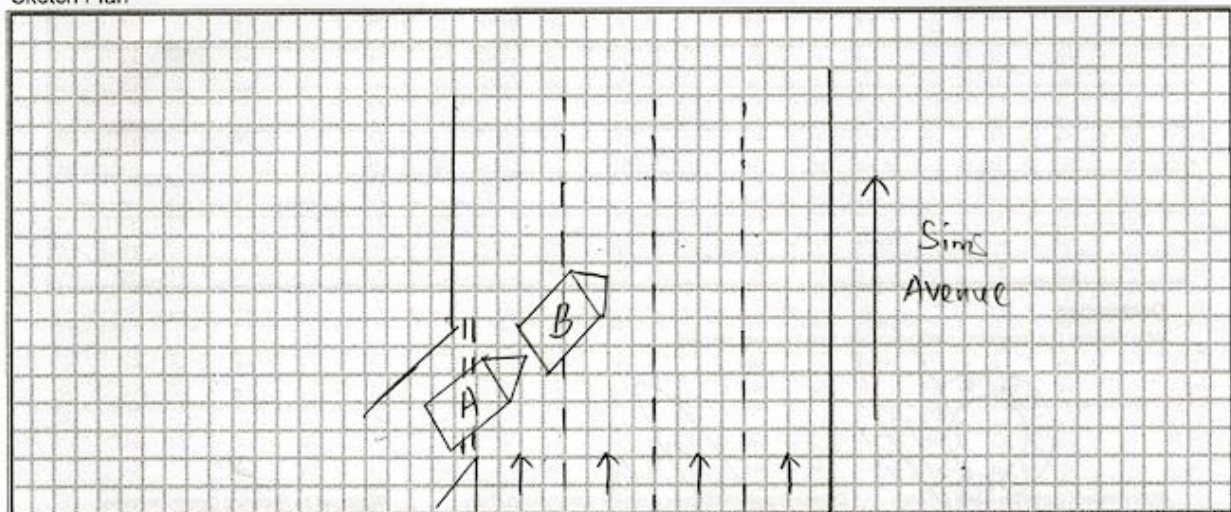
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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**



A: GY4298S B: SHD9925 G OOA: 29/9/24 18:55pm



**Describe Circumstance of the Accident**

Refer to the attached police Report.

**Declaration**

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

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)































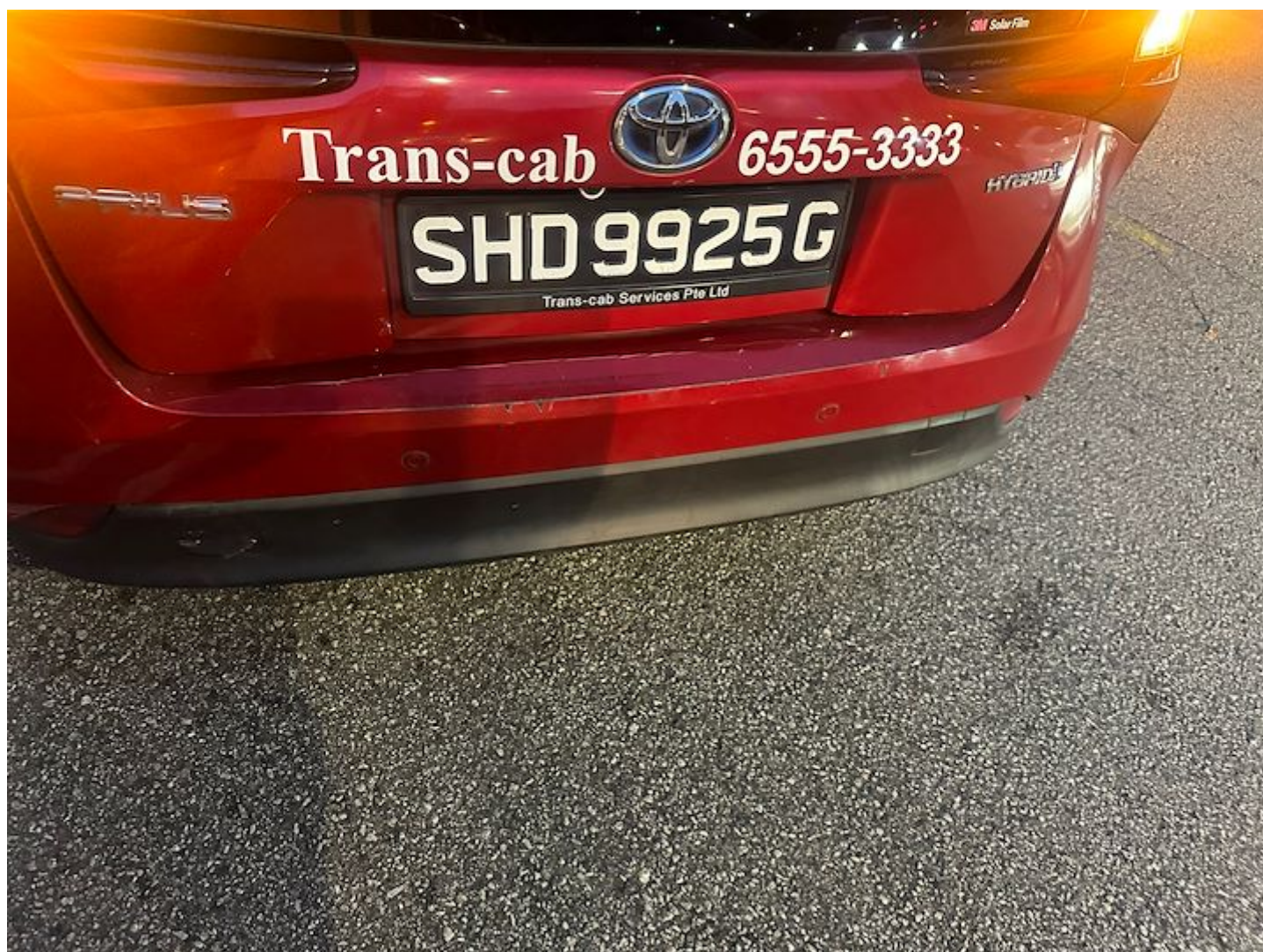




















**SINGAPORE  
POLICE FORCE**



T/20240929/2065

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20240929/2065

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/09/2024 20:52	Vide Report No.: G/20240929/0177	Station Diary No.: 69
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**Informant's Particulars**

Name of Informant: GOH CHING GUAN			Address: 922 TAMPINES STREET 91 #09-205 SINGAPORE 520922		
ID Type / ID No.: NRIC NO / S1277381A			Contact No.: Home/Office: Mobile: 97410155		
Nationality: SINGAPORE CITIZEN			Email: sgh_rc@hotmail.com		
Sex: Male	Age: 66	Date of Birth: 13/12/1957	Type of Informant: Driver		
Race: Chinese			Language: Chinese		
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/09/2024 18:55	Type of Location: X-Junction
Location:  SIMS AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GY4298S	Lorry				Slightly Damaged	0
SHD9925G	Motor car					1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20240929/2065

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20240929/2065

**CONTINUATION OF REPORT**

Driver			
Name	GOH CHING GUAN		ID No. S1277381A
Related Vehicle	GY4298S (Lorry)		Contact No. 97410155
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

**Brief Details.**

On 29/9/2024, at about 1855hrs, I was driving my lorry (GY4298S) along Sims Ave, intending to turn left via the slip road onto Paya Lebar Road. I made sure traffic was clear before I made the turn. When my lorry was on Paya Lebar Road, I was behind a taxi (SHD9925G) when the taxi suddenly braked.

I was unable to stop the lorry in time and collided into the rear of the taxi. There was damage to the front bumper of my lorry. Taxi driver claimed that she felt giddy and called for ambulance. Ambulance and Traffic Police came to scene. Taxi driver was conscious and conveyed to the hospital. The other passenger on the taxi was alright.

There was no dash camera on my lorry.

The traffic police officer at scene provided me with a case card and instructed me to lodge a traffic accident report on the matter.



**SINGAPORE  
POLICE FORCE**



T/20240929/2065

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Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20240929/2065

CONTINUATION OF REPORT

Signature of Officer Recording The  
G /  
SGT 3 HO QI ZHI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/09/2024 20:52

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT MUHAMMAD GHAZALI BIN  
ABDUL RAZAK  
Contact No.: 65476367

Classification Of Case:

NP168



AUTHORIZATION LETTER

Date 30/09/2024

China Taiping Insurance (S) Pte Ltd  
3 Anson Road  
#16-00 Springleaf Tower  
Singapore 079909

Dear Sir / Madam,

Re - Our Vehicle Number: GY42985

Date of Accident: 29/09/2024

I am aware of the above-mentioned accident and authorize the driver: Goh Ching Guan NRIC  
No: S1277381A or to make an accident report on our behalf at Jin Auto Services  
Pte Ltd. He/she is allowed to drive the mention vehicle.

Thank you.

Regards,

