

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	03/07/2024 15:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/07/2024 02:44 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AFTER JALAN KAYU FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA5333T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH JUN LIM
NRIC No	SXXXX660I
Email Address	JOHNNYTWG@OUTLOOK.COM
Mobile Phone No	(Phone) +65-82822434
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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	Private car
Transmission	Auto
CC	2362

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	GOH JUN LIM
NRIC No	SXXXX660I
Date Of Birth	15/10/1986
Occupation	Outdoor

Driving Pass Date	12/03/2016
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82822434
Alt. Phone Number	-
Email Address	JOHNNYTWG@OUTLOOK.COM
Address	BLK 115 POTONG PASIR AVE 1
Address complement	#04-898
Postcode	350115
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SCY45D
Insurance Company of Other Vehicle Owned by Driver	Allianz Insurance Singapore Pte. Ltd.

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)	3
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	GERALDINE PHOA
Gender	Female

PASSENGER 2

Name	JAYRIUS GOH
Gender	Male

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 ATTACH

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	PA8705C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH JUN LIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	7 DAYS MC
Injured person in which vehicle?	SGA5333T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	GERALDINE PHOA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SGA5333T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	JAYRIUS GOH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	4 DAYS MC
Injured person in which vehicle?	SGA5333T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	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:

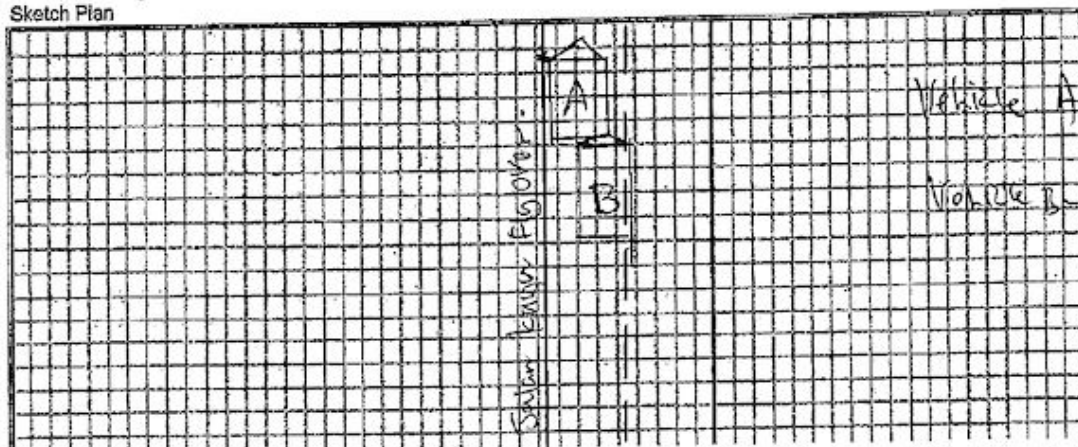
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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/are 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



Describe Circumstance of the Accident

Refer to the 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

Witnessed by Reporting Centre Personnel





**SINGAPORE
POLICE FORCE**



T/20240702/7102

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

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Report No. T/20240702/7102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2024 17:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GOH JUN LIN			Address: 115 POTONG PASIR AVENUE 1 #04-898 SINGAPORE 350115		
ID Type / ID No.: NRIC NO / S8631660I			Contact No.: Home/Office: Mobile: 82822434		
Nationality: SINGAPORE CITIZEN			Email: Johnnytvg@outlook.com		
Sex: Male	Age: 37	Date of Birth: 15/10/1986	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self employed			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/07/2024 02:40	Type of Location: Straight Road
Location: FERNVALE LINK				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One 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	Condition	No of Passenger
PA8705C	Motor van			White	Seriously Damaged	0
SGA5333T	Motor car	TOYOTA	Vellfire	White	Seriously Damaged	2

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



**SINGAPORE
POLICE FORCE**



T/20240702/7102

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

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Report No. T/20240702/7102

CONTINUATION OF REPORT

Driver			
Name	GOH JUN LIN	ID No.	S8631660I
Related Vehicle	SGA5333T (Motor car)	Contact No.	82822434
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/07/2024	Date Discharge	01/07/2024
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Serious
Passenger			
Name	JAYRIUS GOH HUAN ZE	ID No.	T1226262G
Related Vehicle	SGA5333T (Motor car)	Contact No.	82822434
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/07/2024	Date Discharge	01/07/2024
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Serious
Passenger			
Name	GERALDINE PHOA GEK TENG	ID No.	S9319285J
Related Vehicle	SGA5333T (Motor car)	Contact No.	83995534
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/07/2024	Date Discharge	01/07/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

Brief Details.

My vehicle(SGA5333T) was stationary with hazard light ON after jalan kayu flyover, before exiting seletar link to TPE towards PIE at

02:41am, due to my tyre was flat. I stop at about 400m away from the slope to have a better vision for other road user and also for the safety for my wife(Geraldine phoa) and my son(Jayrius Goh, 12 years old) which is also in the car. At 02:41am I texted the on site help for tyre location, at 02:42am I called the LTA(EMAS) as I still feel not safe and I wanted to get my car be towed out to the nearest carpark. At 02:43:55 sec I got bang by the vehicle(PA8705C) before I got time to react and put the breakdown sign 20M away behind my vehicle(SGA5333T). Me and my wife(Geraldine phoa) and my son(Jayrius Goh) felt unwell after the accident so we 3 went to Mount A to see the doctor, I got 7 days MC, my son(jayrius Goh) got 4 days MC and my wife(Geraldine phoa) got 5 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20240702/7102

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Report No. T/20240702/7102

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
NUR HAFIZAH BINTE NORIZAN
Contact No.: 96189347

NP168

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

Date/Time:
02/07/2024 17:33

Classification Of Case: