

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 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 ability.
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 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 Report	16/12/2017 10:47
Date Of Accident	15/12/2017 13:00
Exact Location Of Accident	TAMPINES RD TWDS UPP SERANGOON B4 HOUGANG AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GQ8787M
Insured/Policyholder	
Name Of Registered Owner	HAK SHENG & CO
Co Reg No	06884000D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62920828
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093713195
Cover Note Number	
Driver	
Name of Driver	GOH KIOK SENG
NRIC No	S0650859F
Date Of Birth	09/11/1941
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1963
Driving Experience	54 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81988787
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 66 KALLANG BAHRU #01-523
Postcode	330066
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG TAMPINES RD TWDS UPP SERANGOON B4 HOUGANG AVE 1 ON THE 2ND LANE OF A3-LANES RD. INFRT OF MY VEH STOP AND I FOLLOWED SUIT, SUDDENLY VEH(B) BEARING REG NO SJC7232S CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJC7232S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	GOH KIOK SENG
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	GQ8787M
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	GOH YIN XIAN ZAVIER
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	GQ8787M
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



合盛公司
HAK SHENG & CO.
BLK 16 KALLANG BAHRU #01-524
SINGAPORE 330066
TEL: 62920828, 62987342 FAX: 62960785
EMAIL: patrick_8787@hotmail.com

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

TAMPINES RD TOWNSHIP TERRACE
BY HOUGAN AVE 1

A - GQ8707M
B - SJL72325

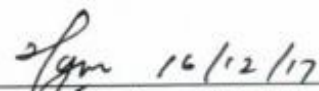
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the statement.

DECLARATION

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

 **HAK SHENG & CO.**
BLK 66 KALLANG BAHRU #01-223
SINGAPORE 330066
Policyholder's Signature: 
Date & Time: 16/12/17
Policyholder's Name: Patrick_8787@hotmail.com (is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



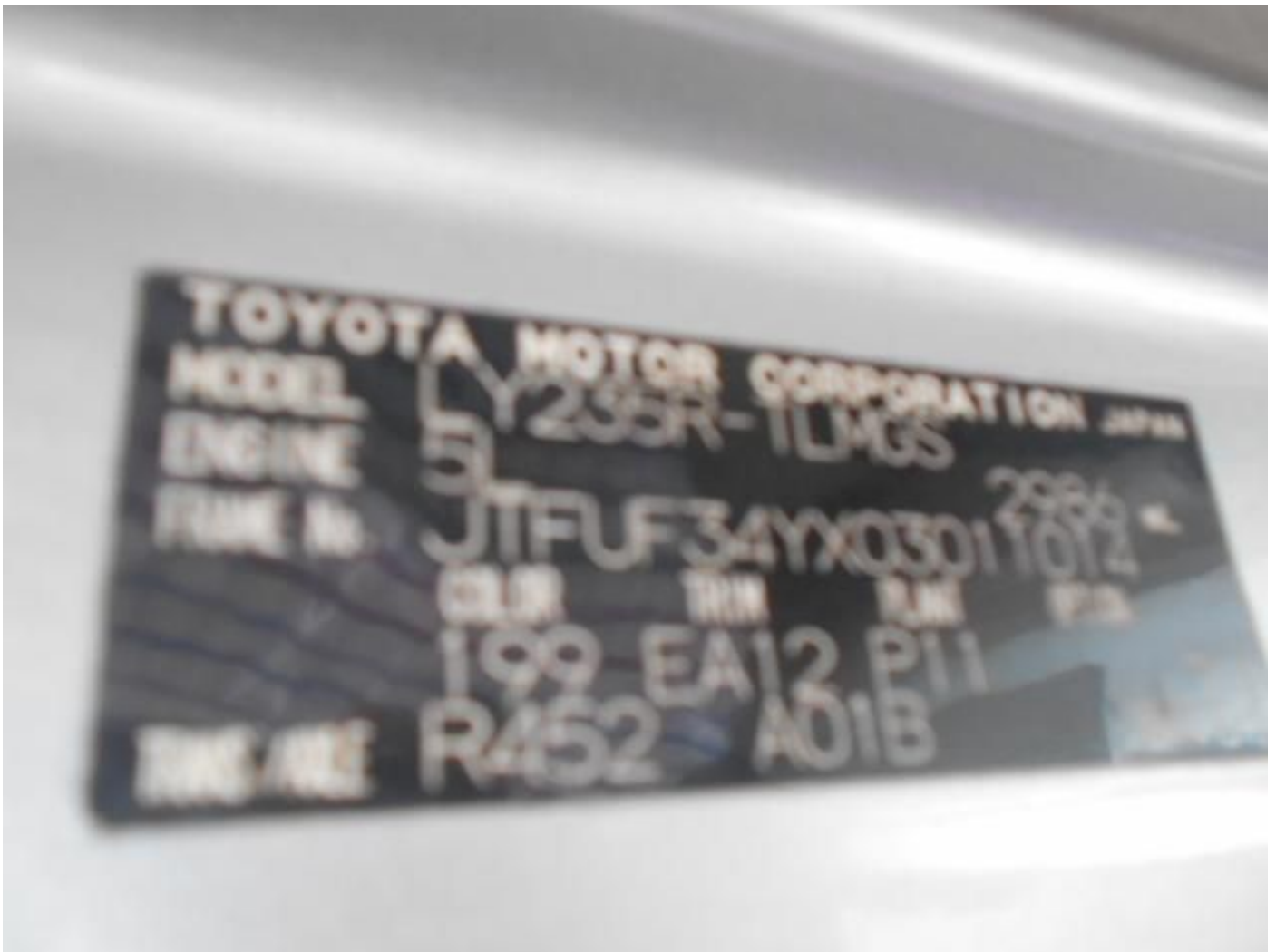
Accident Photo



Accident Photo



Accident Photo



LOW MEDICAL CLINIC
67, KALLANG BAHRU
#01-447
SINGAPORE 330067
Tel: 62950805

Medical Certificate

Date of Visit: 15-Dec-2017

MC No. : C1-SDBEO

This is to certify that

Name: GOH KIOK SENG

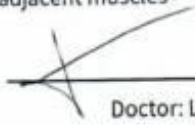
NRIC: S0650859F

is Unfit for Work

for 2 day(s) from 15-Dec-2017 to 16-Dec-2017

Remarks: Diagnosis

1. Sprains and strains of joints and adjacent muscles



Doctor: Low Kee Hwa
MCR: M03238G

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

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67, KALLANG BAHRU
#01-447
SINGAPORE 330067
Tel: 62950805

Medical Certificate

Date of Visit: 15-Dec-2017

MC No.: C1-SBDBEP

This is to certify that

Name: GOH YIN XIAN ZAVIER

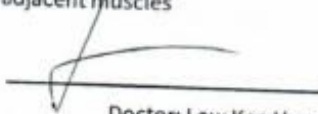
NRIC: T0329533D

is Unfit for Work

for 2 day(s) from 15-Dec-2017 to 16-Dec-2017

Remarks: Diagnosis

1. Sprains and strains of joints and adjacent muscles



Doctor: Low Kee Hwa
MCR: M03238G

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OTHER

LOW MEDICAL CLINIC
67, KALLANG BAHRU
#01-447
SINGAPORE 330067
Tel: 62950805

TAX INVOICE

GOH YIN XIAN ZAVIER (T0329533D)
13 SENGKANG EAST AVENUE
12 - 05
544805

Invoice No. : GPC 011002
Invoice Date : 15 Dec 2017
ACRA No. : 199507451H
Doctor : Low Kee Hwa

ITEM NAME	QTY	ADJ	TOTAL
VOREN GEL 20G	1.00 tube		\$5.00
DISCOUNTED CONSULTATION			\$20.00
Final Bill			\$25.00
Cash Rounding			\$0.00
Payment received by Cash - RE/008473			\$25.00
Outstanding Balance			\$0.00