

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	06/01/2018 10:41
Date Of Accident	05/01/2018 09:05
Exact Location Of Accident	JUNCTION OF LORONG MELAYU & JALAN ISHAK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5818X
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201604597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62414992

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID-1.8 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	

Driver

Name of Driver	GOH XUAN LIN MAD
NRIC No	S7426636C
Date Of Birth	18/08/1974
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2001
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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
Passenger 1	Name: : NONAME Gender: : Male

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT & SKETCH PLAN

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	GBD1155K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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.

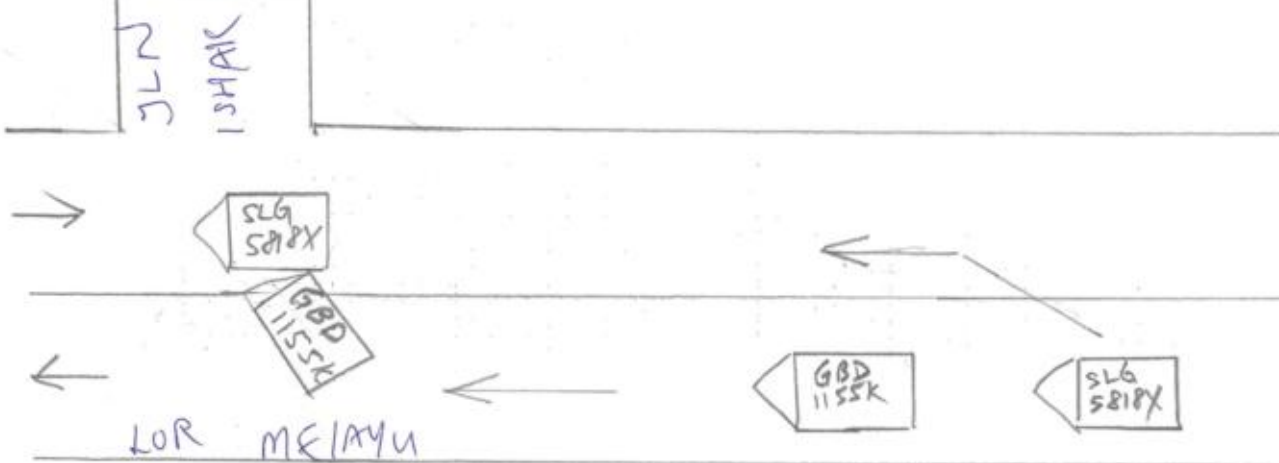


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

GBD 1155K WAS ROAD HOGGING AND TRAVELLING VERY SLOWLY
SLG 581PX CHECK BLIND SPOT/REAR/INCOMING TRAFFIC
AND PROCEED WITH OVER TAKING BECAUSE GBD 1155K
WAS TRAVELLING STRAIGHT AND NO INTENTION TO TURN RIGHT
I SUDDENLY SENSE THE VAN SWERVE TOWARDS MY
VEHICLE. I SOUND THE HORN BUT ITS TOO LATE.

GBD 1155K WAS RECKLESS. HE DID NOT CHECK BLIND
SPOT AND SIGNAL WHEN TURNING THAT CAUSED
THE COLLISION. LUCKILY MY CUSTOMER WAS BUCKLED
UP WITH SEAT BELT.

GBD 1155K WAS CARRYING 4 PAX WHEN ACCIDENT
HAPPENED.

Declaration

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

05/01/18

1732 PM

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20180105/2104

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20180105/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2018 17:00		Vide Report No.:		Station Diary No.: 56	
Informant's Particulars					
Name of Informant: GOH XUAN LIN MAD			Address:		
ID Type / ID No.: NRIC NO / S7426636C			Contact No.: Home/Office: Mobile: 97595250		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 18/08/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: UBER DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/01/2018 09:00	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 LORONG MELAYU JALAN ISHAK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD1155K	Van				Slightly Damaged	4
SLG5818X	Car	TOYOTA	PRIUS	White	Slightly Damaged	1

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180105/2104

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20180105/2104

CONTINUATION OF REPORT

Driver			
Name	GOH XUAN LIN MAD	ID No.	S7426636C
Related Vehicle	SLG5818X (Car)	Contact No.	97595250
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/01/2018	Date Discharge	05/01/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the 05/01/2018 at about 0900hrs, I was travelling along the junction of Jalan Melayu and Jalan Ishak, when a silver van travelling in front of me along the dual carriage way, made a sudden right turn as I was overtaking the vehicle, as he was hogging the road travelling very slowly. He did not check his blind spot and turned right without signaling his intention to do a right turn. The front of the van swiped on the passenger side of my car. I had one passenger in my car at the point of time and he was at the rear passenger seat with his seatbelt on. The passenger was not injured. I suffered pain in my neck. There were 3 passengers in the van, and the driver and the passengers looked alright and visibly not injured. My vehicle's passenger side was badly scratched and dented. The front rim was also dented and damaged. The van's driver's side front bumper was scratched. I have seen a doctor at KTP, and given 7 days mc as I suffered strain of neck muscle.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180105/2104

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20180105/2104

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sr Staff Sgt JASINTHA D/O SUDHAGAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

05/01/2018 17:00

Classification Of Case:

Sketch Plan #6

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7426636C



Name

GOH XUAN LIN MAD
(WU XUAN LIN)

吴炫霖

Race

CHINESE

Date of birth

18-08-1974

Sex

M

Country of birth

SINGAPORE

S7426636C

REPUBLIC OF SINGAPORE DRIVING LICENCE



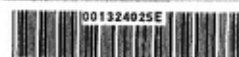
Licence Number S7426636C

Name

GOH XUAN LIN MAD
(WU XUAN LIN)

Birth Date: 18 Aug 1974

Issue Date: 26 Feb 2005



001324025E

368031



NRIC No. S7426636C



Date of issue

26-02-2005

Address

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Class 2B Motorcycles <= 200 CC
Class 3 Motor cars <= 2000 kg with <= 3 passengers, exclusive of the driver, and motor tractors <= 2500 kg
Class 4 Heavy motor cars and motor tractors > 2500 kg

01 May 2005

01 Jan 2006

26 Feb 2001

S / No. 9000035082

S7426636C

NP 428A



Licence No: S7426636C

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

