SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	12/02/2018 15:16
Date Of Accident	10/02/2018 14:20
Exact Location Of Accident	CARPARK A63 S560505
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG3893P
Insured/Policyholder	
Name Of Registered Owner	GOH SIEW LING
NRIC No	S7147251E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97955588
Alternative Phone No	OTHERS-97955588
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091283676
Cover Note Number	27/06/2017 - 26/06/2018
Driver	
Name of Driver	GOH BOON LEONG (WU WENLONG)
NRIC No	S7707557G
Date Of Birth	18/03/1977
Occupation	INDOOR
Date Of Driving Pass	10/01/1997
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97828644
Fax Number	
O t t No lo	

GOHBOONLEONG@GMAIL.COM

Address BLK 535 ANG MO KIO AVE 5 #04-4084

Postcode 560535

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

NO

NO

3

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

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : XU RONG

GENDER: : FEMALE

Passenger 2 NAME: : GOH HUI SHAN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name 10 UBI AVENUE 3

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20180210/7013.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: FORWARD TO INS CO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKT8599B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHINESE MALE IN HIS 50S TO 60S

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

DATE & TIME:

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- 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.
- The 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.
- 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:
 - 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:
 - 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.

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

Date & Time:

Reporting Centre Personnel's Signature

Name: DMYN (AWK)

GIARMC SketchPlanForm_V3

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		B: SK78599B				
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Locati	on: Can) ave 1463 5560505	CHIMPS THOU				
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Vehicle No: SJ	16 3893P (NTUC)					
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Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20180210/7013

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 018 17:06	flade:	Vide Report No.: F/20180210/0242	Station Diary No.:	
Informa	nt's Partice	ulars			
Name of Informant: GOH BOON LEONG			Address: APT BLK 535 ANG MO KIO AVENUE 5 #04-4084 SINGAPORE 560535		
ID Type / ID No.: NRIC NO / S7707557G			Contact No.: Home/Office: Mobile: 97828644		
National SINGAP	ity: ORE CITIZ	EN	Email: gohboonleong@gmail.com		
Sex: Male	Age: 40	Date of Birth: 18/03/1977	Type of Informant: Driver	Jack of Doys predict De Soul L	
Race: Chinese		Maria Para	Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:	

General Inform	mation of the Accident			STATE OF THE PARTY
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/02/2018 14:19	Type of Location: Car Park
ANG MO KIO Car park Lots Weather: Clear	AVENUE 5 in front of Block 505. Po	Road Surface:		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collis Reversing Ve	ion: hicle to Stationary Vehicl	e Front		Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved		GENERAL IN	THE RESERVE	OF ROLLING
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJG3893P	Car	ТОУОТА	Altis	Silver	Slightly Damaged	3
SKT8599B	Car	MERCEDES BENZ	E200	Blue	Slightly Damaged	2

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





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180210/7013

CONTINUATION OF REPORT

Driver			HER DESIGNATION OF THE PARTY OF	War and		
Name	GOH BOON LEONG		ID No		S7707557G	
Related Vehicle	SJG3893P (Car)		Conta	ct No.	97828644	
Hospital/Clinic	NIL Contact No. Co			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	A Harmey	Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

- 1. We came out of our parking lot first.
- 2. Other party vehicle reverse out of its parking lot.
- 3. We halted and sounded our hone.
- 4. Other party vehicle continue reversing and impacted our car.
- 5. No particulars are exchanged and other party vehicle driver left the scene before Traffic Police arrived.
- Traffic Police arrived and given me a Report No. F/20180210/0242. And contact numbers of Investigation Officer Inspector Wati, 65476310 and 83230527.
- 7. Video of incident sent via Whatsapp to 83230527 at 15:56pm 10 February 2018.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20180210/7013

CONTINUATION OF REPORT

Sketch Plan				
Informant is	not able	to provide	sketch	plar

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2018 17:06
Officer In Charge Of Case:	Classification Of Case:
Authoritisation Stame	