

## 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 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	23/02/2018 14:45
Date Of Accident	22/02/2018 09:15
Exact Location Of Accident	ECP TOWARDS MCE(AROUND MARINE PARADE AREA)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF9312D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH WEE HIN
NRIC No	S7772415Z
Email Address	GOHWH7@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81572100
Alternative Phone No	OFFICE-81572100

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 TSI (A)
Exact Purpose for which vehicle was being used at time of accident	GOPING TO OFFICE
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	5092795371
Cover Note Number	

### Driver

Name of Driver	GOH WEE HIN
NRIC No	S7772415Z
Date Of Birth	30/01/1977
Occupation	INDOOR
Date Of Driving Pass	25/10/2002
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81572100
Fax Number	
Contact Number	OFFICE-81572100
EEmail Address	GOHWH7@GMAIL.COM

Address	23 FLORA ROAD #07-04
Postcode	509739
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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.	YES
Number of Passengers (Including Driver)	1

#### 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

PLEASE REFER TO 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	SFT706X
Vehicle Make/Model/Colour	MAZDA3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CELINE ONG JIN LING
NRIC/Passport Number	S8412580F
Contact Number	97381804
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCL6986S
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Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH CHOON HIONG
NRIC/Passport Number	S0047705B
Contact Number	96759708
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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.
- (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.

Policyholder's Signature

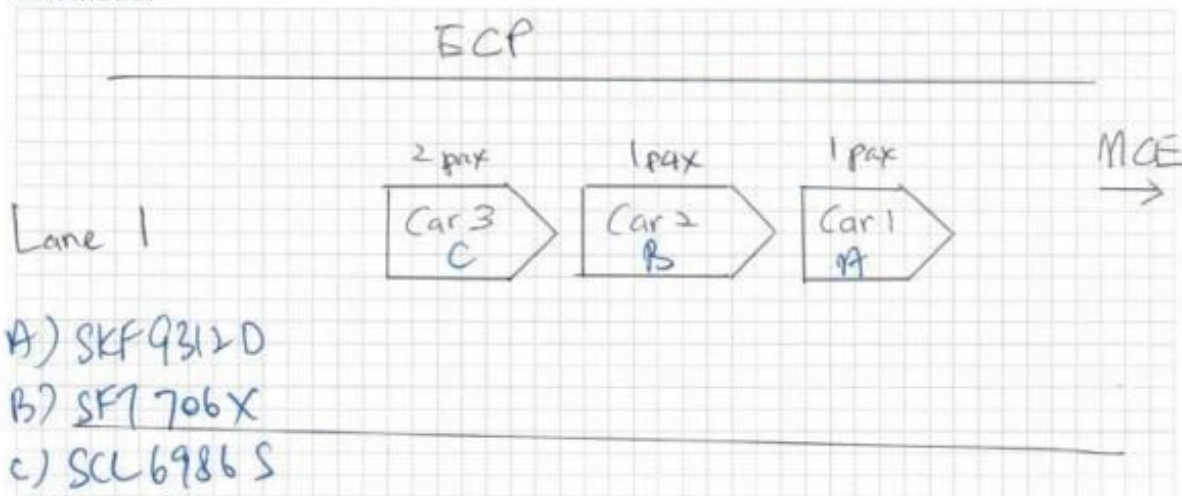
Date & Time: 23/02/2018  
12:25 PM

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

Reporting Centre Person's Signature  
Name:  
NRIC/FIN No:

## Sketch Plan #2

### SKETCH PLAN



A) SKF9312D

B) SFT706X

C) SCL6986S

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① I am the driver for Car 1 (SKF9312D) - S77724152  
Car 2 Driver - Ms Celine Ong Jin Ling (SFT706X) - S8412584F  
Car 3 Driver - Mr Goh Cheon Hiong (SCL6986S) - S0047705B
- ② I am travelling to work in the morning. At the time when accident happened (on or around 9.15 am 22/2/2018) I was travelling at the 1st Lane ~~at~~ on ECP toward MCE. My travelling speed ~~at~~ before I stopped the car is around 60-70 km/hr.
- ③ A few cars in front of me suddenly stopped. I brake and managed to stop on time. The distance between my car and the car in front of me is about 1-2 meters.
- ④ Car 2 managed to stop on time But ~~at~~ shortly after Car 2 stopped. Car 2 lurch forward and hit my car from the back. My car jerked forward violently.
- ⑤ After I get down from my car, I realised car 3 has hit Car 2 from the back.
- ⑥ At the scene of accident, car 2 owner confirm the ~~to~~ to compensate the damage via insurance claim.
- ⑦ On visual inspection, my back bumper ~~was~~ is scratched dented and dislocation-dislocated.

### DECLARATION

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

Policyholder's Signature

Date & Time:

Quoting Sketch Plan

Driver's Signature

(If driver 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



Accident Photo



Accident Photo





Accident Photo



Accident Photo

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S7772415Z**  
Name:  
**GOH WEE HIN**

Birth Date: **30 Jan 1977**  
Issue Date: **26 Sep 2003**



 000866887A

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S8412580F**



Name  
**CELINE ONG JIN LING**  
**王 筠 铃**

Race  
**CHINESE**

Date of birth **18-04-1984** Sex **F**

Country of birth  
**SINGAPORE**


  





**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S0047705B**  
Name:  
**GOH CHOON HIONG**

Birth Date: **17 Nov 1945**  
Issue Date: **07 May 2003**



 000452194G



Accident Photo





Accident Photo





Accident Photo



Accident Photo

