



## 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	20/03/2018 10:23
Date Of Accident	19/03/2018 10:30
Exact Location Of Accident	FILTER LANE FROM HOLLAND RD INTO QUEENSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM4057L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH YI LING ELISSA
NRIC No	S8514234H
Email Address	ELISSAGOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96150041
Alternative Phone No	OTHERS-96150041

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO
Exact Purpose for which vehicle was being used at time of accident	GOING TO QUEENSTOWN POLYCLINIC
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700049840
Cover Note Number	

### Driver

Name of Driver	GOH YI LING ELISSA
NRIC No	S8514234H
Date Of Birth	22/05/1985
Occupation	INDOOR
Date Of Driving Pass	24/05/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96150041
Fax Number	
Contact Number	OTHERS-96150041
Email Address	ELISSAGOH@GMAIL.COM



Address	BLK 6 GHIM MOH ROAD #02-184
Postcode	270006
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180320/7008

#### 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	GBC6311Z
Vehicle Make/Model/Colour	ISUZU PICKUP
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIEW YAN
NRIC/Passport Number	S2708967D
Contact Number	85881301
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKM4057L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### 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.
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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 Police for investigation.
6. 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.
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.

Policyholder's Signature

Date & Time: 19/3/18 3:37pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19/3/18 3:37pm

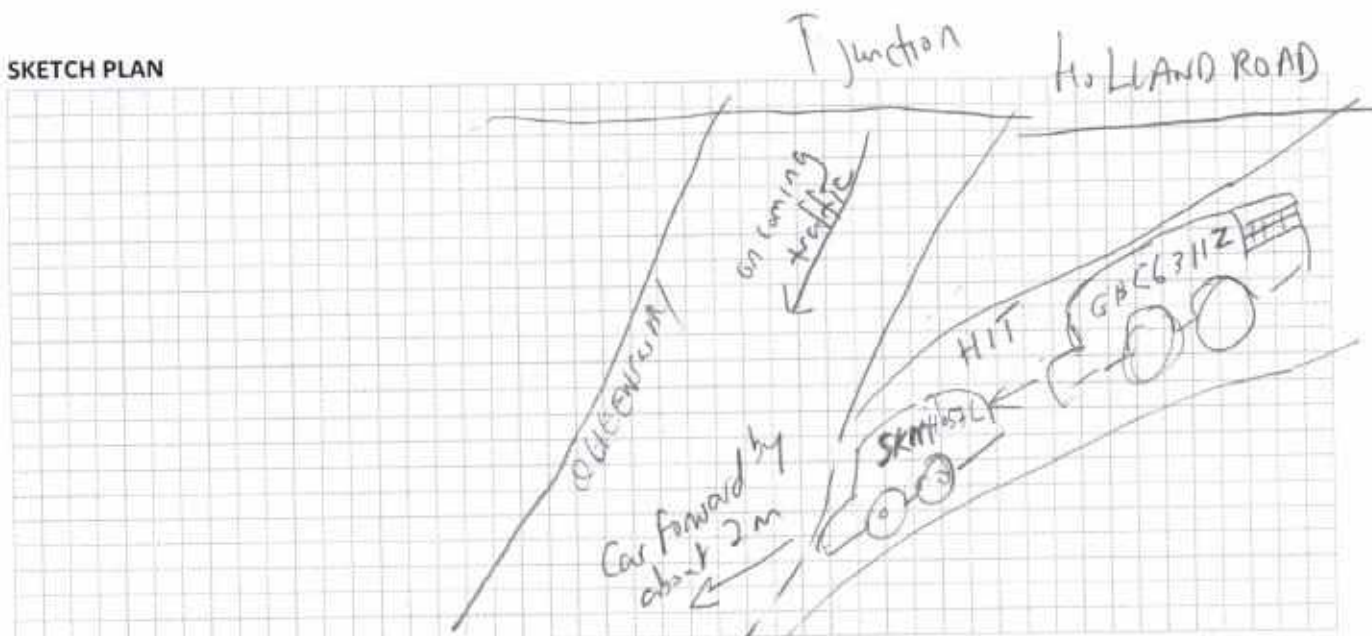
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19th March 2018 at 10.30am, I was driving from Holland Road towards Queensway alone in the car. The weather condition was clear and bright. The roads were dry. I turned left on the filter lane towards Queensway and slowed down to a stop <sup>at the give way line</sup> to give way to oncoming traffic at the T-junction from Farrer Road to Queensway.

My car was at a complete stop at the give way line on the left filter lane. At that point, my car was hit from the back by an Isuzu truck, car plate number GBC 6311Z, causing my car to be pushed forward about 2 metres from the give way line. My upper body was also pushed forward towards steering wheel.

The impact on my car is that the rear of my car is dented, the rear bumper is dented and scratched, rear car plate came off. The impact on me was that I was shocked and traumatised, had dizziness and headache, and pain at the base of my head and on my neck.

POLICE REPORT T/20180320/7008

## DECLARATION

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

Policyholder's Signature

Date & Time: 19/3/18 3:37pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19/3/18 3:37pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:



**SINGAPORE  
POLICE FORCE**



T/20180320/7008

1 of 3

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

Report No. T/20180320/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/03/2018 16:57	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: GOH YI LING ELISSA			Address: APT BLK 6 GHIM MOH ROAD #02-184 SINGAPORE 270006		
ID Type / ID No.: NRIC NO / S8514234H			Contact No.: Home/Office: Mobile: 96150041		
Nationality: SINGAPORE CITIZEN			Email: elissagoh@gmail.com		
Sex: Female	Age: 32	Date of Birth: 22/05/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TEACHER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/03/2018 10:30	Type of Location:
Location:  HOLLAND ROAD  FILTER LANE FROM HOLLAND RD INTO QUEENSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC6311Z	Pick-up truck	ISUZU				0
SKM4057L	Car	VOLKSWAGO N	polo	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKM4057L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700049840	09/09/2017	08/09/2018





**SINGAPORE  
POLICE FORCE**



T/20180320/7008

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

2 of 3

Report No. T/20180320/7008

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIEW YAN	ID No.	S2708967D
Related Vehicle	GBC6311Z (Pick-up truck)	Contact No.	85881301
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GOH YI LING ELISSA	ID No.	S8514234H
Related Vehicle	SKM4057L (Car)	Contact No.	96150041
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/03/2018	Date Discharge	19/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 19th March 2018 at 10.30am, I was driving from Holland Road towards Queensway alone in the car. The weather condition was clear and bright. The roads were dry. I turn left on the filter lane towards Queensway and slowed down to a stop at the give way line to give way to oncoming traffic at the T-junction from Farrer Road to Queensway.

My car was at a complete stop at the give way line on the left filter lane. At that point, my car was hit from the back by an Isuzu truck, car plate number GBC 6311Z, causing my car to be pushed forward about 2 metres from the give way line. My upper body was also pushed forward towards the steering wheel. The impact on my car is that the rear of my car is dented, the rear bumper is dented and scratched, and rear car plate came off. The impact on me was that I was shocked and traumatised, had dizziness and headache and pain at the base of my head and on my neck.





**SINGAPORE  
POLICE FORCE**



T/20180320/7008

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

3 of 3

Report No. T/20180320/7008

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

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

Date/Time:  
20/03/2018 16:57

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: 19/3/2018 (DD/MM/YYYY), TIME: 10:30 (HH:MM)

LOCATION: HOLLAND ROAD TURNING ON LEFT FIVE LANE TO QUEENSWAY

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKM 4057L  
 b) INSURANCE COMPANY: AIG  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: VOLKSWAGEN POLO  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: TO GET TO POLYCLINIC AT QUEESTOWN  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) \_\_\_\_\_  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) \_\_\_\_\_

## 2. INSURED / POLICY HOLDER

- a) NAME: GOH YILING ELISSA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8514234H CONTACT: 96150041  
 c) ADDRESS: 6 GIM MAM ROAD 02-184 SINGAPORE 270006

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

# No of passengers  
 (including driver)  
(1)

- DRIVER  
 a) NAME: GOH YILING ELISSA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8514234H CONTACT: 96150041  
 c) ADDRESS: 6 GIM MAM ROAD 02-184 SINGAPORE 270006

\* d) DATE OF BIRTH: 22/05/1984 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR  
 f) DATE OF DRIVING PASS: 24 May 2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS  
 b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) YES

7. a) REPORTED TO POLICE (YES / NO) NO  
 IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

# No of passengers  
 (including driver)  
(1)

- a) VEHICLE NUMBER: GBC 6311 Z MODEL: ISUZU PICKUP  
 b) DRIVER'S NAME: LIAM YAN  
 c) NRIC/FIN/PASSPORT: S2708967 D CONTACT: 84881301

## 9. THIRD PARTY VEHICLE

# No of passengers  
 (including driver)  
( )

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

email: elissa.goh@gmail.com

fax: \_\_\_\_\_

✓ 1020



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8514234H



Name

GOH YI LING ELISSA

吳依苓

Race

CHINESE

Date of birth

22-05-1985

Country/Place of birth

SINGAPORE

Sex

F



S8514234H

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8514234H

Name

GOH YI LING ELISSA

Birth Date 22 May 1985

Issue Date 24 May 2011



001966600K

5538411



NRIC No: S8514234H



Date of issue

07-12-2015

Address

APT BLK 6 GHIM MOH ROAD  
#02-184  
SINGAPORE 270006

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 24 May 2011



Licence No: S8514234H

NP 428A



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : GOH YI LING ELISSA  
Period of Insurance : 09 Sep 2017 To 08 Sep 2018  
Engine No. : CBZE25564  
Chassis No. : WWWZZ6RZEU007806

Vehicle No. : SKM4057L  
Policy No. : 1700049840  
Endorsement No. :  
Issued Date : 12 Sep 2017

### ABOUT THE COVER

Make/Model : VOLKSWAGEN POLO SPORT 1.2  
Engine Capacity/Tonnage : 1,197.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2014  
Insuring with COE/PARF : Yes

#### Person or Classes of Persons Entitled to Drive\*

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

#### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

GOH YI LING ELISSA - \$600 (Own Damage) GOH JING LING, ELSPEITH - \$600 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 2 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503811000

ALFA AUTOMOTIVE

1 COMMONWEALTH LANE #01-24 ONE COMMONWEALTH  
SINGAPORE 149544

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

KSP/jia



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : N/MAY40037651 Vehicle Registration No: 8KM 4057L

Name (as shown in NRIC) : GOH YI LINH ELISSA NRIC/FIN/Passport No : S8514234H

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore ( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 96150041

Email Address : \_\_\_\_\_

Date of Accident : 19/03/2018 Time of Accident : 10:30

Place of Accident : FICER lane from Holland Road into Durbanway

Insurance Company : ALG

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

to insert 7 Police Report 7/20180320/7008

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Policyholder / Driver's Signature  
Date:

20/03/2018  
Reporting Centre Personnel's Signature  
Name: Rodri  
NRIC/FIN No.:  
Date: