

## 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 15:57
Date Of Accident	01/03/2018 18:00
Exact Location Of Accident	ALONG COSFORD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3729E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YONG HO HSIANG
NRIC No	S1810320F
Email Address	GOHGEOKLIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81266822
Alternative Phone No	OTHERS-84015353

### Vehicle Particulars

Manufacturer	BMW
Model	X3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5093876133
Cover Note Number	

### Driver

Name of Driver	GOH GEOK LIN
NRIC No	S7424562E
Date Of Birth	11/07/1974
Occupation	INDOOR
Date Of Driving Pass	04/11/2016
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81266822
Fax Number	
Contact Number	OTHERS-84015353
Email Address	GOHGEOKLIN@GMAIL.COM

Address	BLK 16 GHIM MOH ROAD #04-67
Postcode	270016
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BROTHER IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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: : FRIEND GENDER: : MALE

#### 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	GY9597X
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

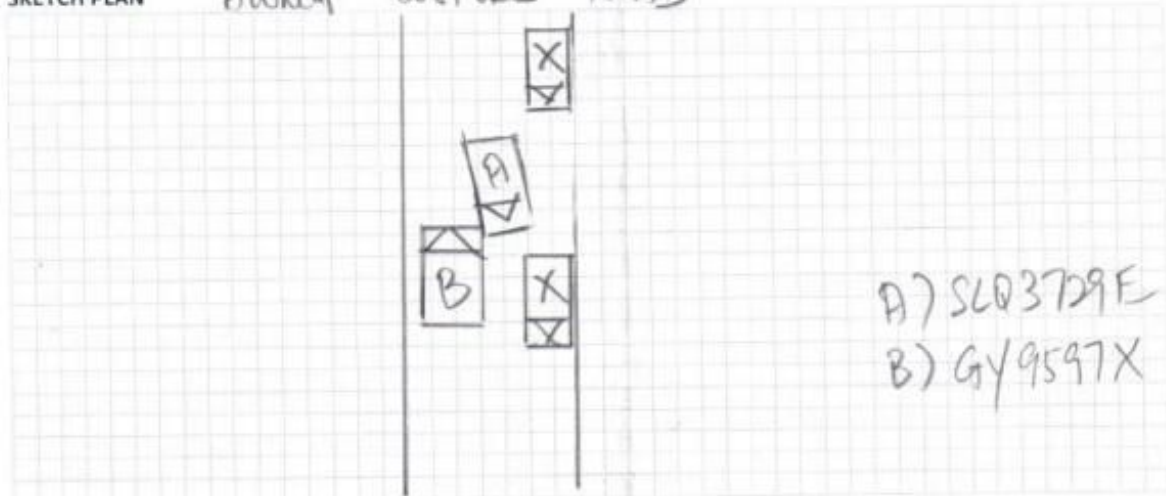
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: *Rafael W. ...*  
NRIC/FIN No.: *...*

### Sketch Plan #2

### SKETCH PLAN

Along Colford Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

QUS Refuse to Police Report  
7/20/80 36/2153

## DECLARATION

I/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:

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

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180316/2153

1 of 3

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

Report No. T/20180316/2153

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2018 19:10		Vide Report No.:		Station Diary No.: 30	
<b>Informant's Particulars</b>					
Name of Informant: GOH GEOK LIN			Address: APT BLK 16 GHIM MOH ROAD #04-67 SINGAPORE 270016		
ID Type / ID No.: NRIC NO / S7424562E			Contact No.: Home/Office: Mobile: 84015353		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 11/07/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

#### General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/03/2018 18:00	Type of Location: Straight Road
Location: Along Road 1 COSFORD ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY9597X	Van				Slightly Damaged	0
SLQ3729E	Car				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/20180316/2153

2 of 3

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

Report No: T/20180316/2153

## CONTINUATION OF REPORT

Driver			
Name	GOH GEOK LIN	ID No.	S7424562E
Related Vehicle	SLQ3729E (Car)	Contact No.	84015353
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On the 01/03/2018 at about 6pm, while I was driving my brother-in-law's vehicle (SLQ3729E) along Cosford Road, I was involved in a accident where the right side of my vehicle collided with the right side of another vehicle GY9597X which was coming from the opposite direction. Both drivers got out of the vehicle and verified that the damage to both vehicles was only a small scratch and decided not to pursue the matter with each other, as such, driver particulars were not exchanged and both drivers drove off amicably. I was not attended to by police or ambulance at the scene and both drivers were not injured.

I am lodging this report as required by the Traffic Police.

Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20180316/2153

3 of 3

Report No. T/20180316/2153

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

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:

A /

Sgt 2 SUEN ZHI CAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/03/2018 19:10

Officer In Charge Of Case:

TP / GIA /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Classification Of Case:

Authentication Stamp

NP168

Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo

