

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	09/04/2018 14:13
Date Of Accident	07/04/2018 22:30
Exact Location Of Accident	JUNCTION BETWEEN MARINA BOULEVARD & SHEANES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4599L
Insured/Policyholder	
Name Of Registered Owner	NATIONAL CAR RENTAL PTE LTD
Co Reg No	1960100157E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65113043

Vehicle Particulars

Manufacturer	OPEL
Model	MOKKA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	RENTAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5089517881
Cover Note Number	

Driver

Name of Driver	JEFFERY GOH TOIN
NRIC No	S7244205I
Date Of Birth	21/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	28/08/1991
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93873372
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	JALAN HAJIJAH NO 9
Postcode	468704
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	
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)	4

Details of Police Action

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

Circumstances of Accident

SEE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

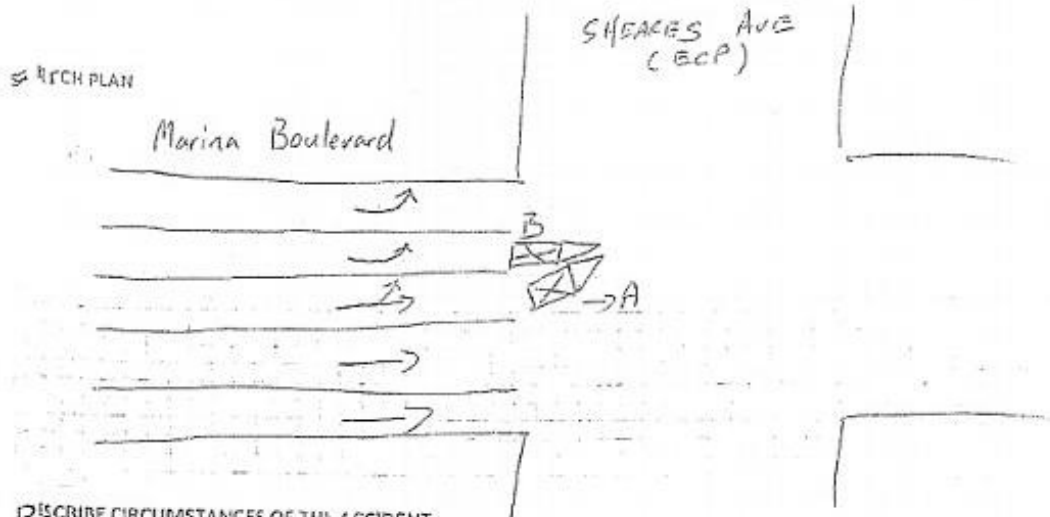
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE1054U
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	JEFFERY GOH TOIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLP4599L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

X
Policyholder's Signature
Date & Time: 9/8/2015

Driver's Signature
(If driver is not the policyholder)
Date & Time: 9/8/2015

Reporting Centre Personnel's Signature
Name:
NRIC/PIK No:

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

- 1 - Please report correctly the details of the accident to speed up the claims process.
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- 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:

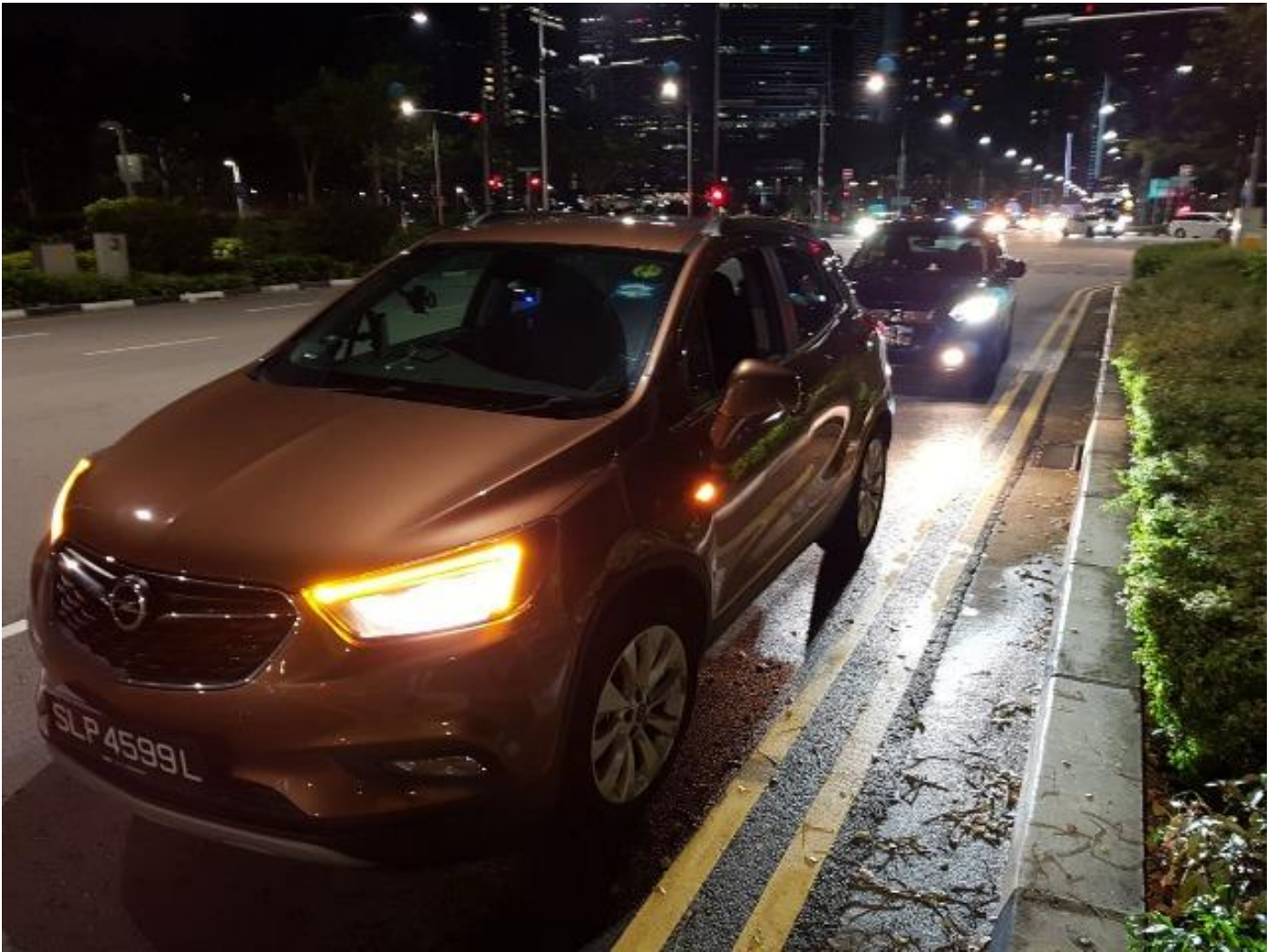
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 9/8/2018

Reporting Centre Personnel's Signature
Name:
NRIC/IN No.:

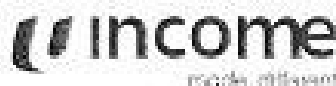
Accident Photo



Accident Photo



INSURANCE CERT



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5085617881

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle

: SLP4539L

Chassis Number

: W0LD7EC6H8L80832

2. Name of Policyholder

: NATIONAL CAR RENTALS (PRIVATE) LIMITED

3. Effective Date of Insurance

: 05 Jun 2017

4. Expiry Date of Insurance

: 05 Jun 2018

5. Persons 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.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(c) Use for racing, pace-making, reliability trial or speed-testing.

(d) Use for the carriage of goods (other than samples) in connection with any trade or business.

(e) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 3 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), and not to be included under these headings.

EXCESS (SECTION 3)

: S\$2,000

EXCESS (SECTION 2)

: S\$2,000

WINDSCREEN EXCESS

: S\$100

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: YES

INSURE WITH CDE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: N/A

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: UNITED OVERSEAS BANK LIMITED

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : AGN SINGAPORE PTE LTD (00000690339)

Date of Issue : 11 Apr 2017 18:10 hrs

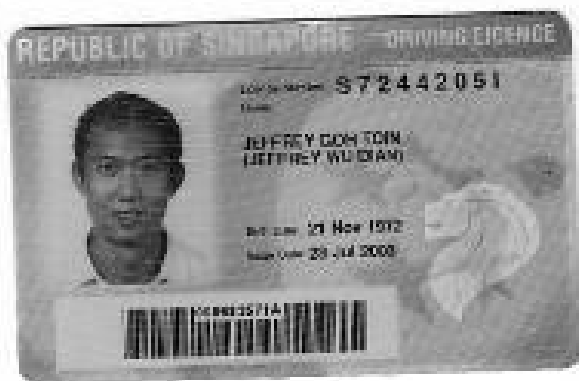
For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Identification Card



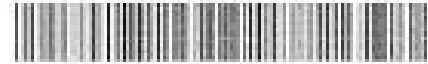
Identification Card



Police Report



**SINGAPORE
POLICE FORCE**



T/20180408/7005

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408365
Tel No: 65470000

1 of 3
Report No: T/20180408/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2018 14:42		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JEFFREY GOH TOIN			Address: 9 JALAN HAJIAH #03-10 SINGAPORE 468704		
ID Type / ID No.: NRIC NO / S72442351			Contact No.: Home/Office: Mobile: 93873372		
Nationality: SINGAPORE CITIZEN			Email: jefgtoin@yahoo.com.sg		
Sex: Male	Age: 45	Date of Birth: 21/11/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROPERTY AGENT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/04/2018 22:28	Type of Location: X-Junction	
Location: MARINA BOULEVARD accident happen at junction between Marina Boulevard and Sheares Ave towards ECP.					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE1054U	Car	HONDA	VESEL	Blue		0
SLP4599L	Car	OPEL	Mokka	Brown	Seriously Damaged	4

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP4599L	NTUC Income Insurance Co-Operative Limited	5089517881	06/08/2017	05/08/2018

Police Report



**SINGAPORE
POLICE FORCE**



T:20180408/7005

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

2 of 3

Report No. T:20180408/7005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JEFFREY GOH TOIN	ID No.	S72442051
Related Vehicle	SLP4599L (Car)	Contact No.	93873372
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/04/2018	Date Discharge	08/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I was travelling along Marine Boulevard turning towards Sheares Ave ECP, when accident happen at the junction.

i was on lane 3 and with my left turning signal on which indicated im turning left towards Sheares Ave ECP.

This Honda Blue Vesel vehicle no. SLE1034U was on turning left lane 4.

He didnt turn left and drive straight on, which result in collision with my vehicle SLP4599L. (i have recorded video proof)

Luckily my passengers are not hurt, except me result with lower back pain.

i made a trip to Changi General Hospital for a check up after dropping off my passengers, doctor had given me 3 days MC and was told to monitor my condition.

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20180408/7005

3 of 3

Report No. T/20180408/7005

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 / TPHQ /
SITIMARSITA BINTE BOHAR/
Contact No.: 65476219

Authentication Stamp
NP163

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

Date/Time:
08/04/2018 14:42

Classification Of Case:

HOSPITAL BILL



Changi
General Hospital
SingHealth

ORIGINAL

MEDICAL CERTIFICATE

EMD201867412

Name JEFFREY GOH TOIN JEFFREY WU, DIAN		MRIC No. 875443058
This is to certify that the above named is unfit for duty for a period of <u>5</u> days from <u>05-Apr-2018</u> to <u>10-Apr-2018</u>		
Type of leave/leave granted:		
<input type="checkbox"/> Hospitalisation Leave	<input checked="" type="checkbox"/> Occupational Sick Leave	
Admitted on: _____	<input type="checkbox"/> Maternity Leave	On leave on: _____
Discharged on: _____	<input type="checkbox"/> Certification Leave	On leave on: _____
This certificate is not valid for absence from court attendance.		
Diagnosis		Surgical Operation (If applicable)
Painfully deny from: <u>N/A</u> to <u>N/A</u>		
The above named patient attended my clinic at <u>N/A</u> and was at <u>N/A</u>		
Hospital/Unit	Ward No.	Signature, Name (in BLOCK (PRINTED) and Designation/MCR No.
Emergency Medicine	CGH Accident & Emergency	 MUNTAZ DYD MOHAMMED NISROFF, 820057
Changi General Hospital	Date 08-Apr-2018	



OCBC Bank

CHANGI GENERAL HOSPITAL
2 STREET STREET 3
LEVEL 1
CORNER 4 & C CORNER 2
SINGAPORE 238883

SALE

DATE/TIME: 08APR18 09:28
TID: 00000001 STAMP: 012712
MID: 0000000000004022
INVOICE: 0001583 BATCH: 000100
MASTERCARD
XXXX XXXX XXXX 0147 XXXX
ARM CODE: 000002 HOST: 0000
CONTACTLESS ARM: 000010017453
TC: 0000000000000000
DCC: MasterCard (IN: 0000000000)

TOTAL SGD **120.88**
NO SIGNATURE REQUIRED

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
*** CUSTOMER COPY ***

HOSPITAL BILL



**Changi
General Hospital**

Billing Enquiries Tel: 6850 2854 / 6850 2857 / 6850 2862
Email: billing@cggh.com.sg

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ORIGINAL RECEIPT

CASDED 08.04.2018 02:20 hrs

MRN/NRIC : 572442051
CASE NUMBER : 6918341137B
CUSTOMER : 3022477151
A&E VISIT : 08.04.2018 01:28

GST Registration No.: Y12-0009021-7

Bill To
JEFFREY GOH TOIN JEFFREY WU DIAN
9 JALAN HAJIAH
LANDBAY CONDOMINIUM
#03-10 SINGAPORE 468704

Name of Patient JEFFREY GOH TOIN JEFFREY WU DIAN

Service Description	Amount (S\$)	
	Total Charges Before Govt Grant	Total Govt Payable After Govt Grant
X-RAY INVESTIGATIONS	51.00	0.00
DRUGS / PRESCRIPTIONS / INJECTIONS	2.85	0.00
A&E ATTENDANCE FEE	250.00	120.00
TOTAL CHARGES	303.85	
LESS : GOVERNMENT GRANT	183.85	
AMOUNT PAYABLE BEFORE TAX		120.00
ADD : 7% GST		8.40
AMOUNT PAYABLE AFTER TAX		128.40
LESS : GST ABSORBED BY THE GOVERNMENT		8.40
NET AMOUNT PAYABLE		120.00
PAYMENT		120.00
JEFFREY GOH TOIN		
AMOUNT DUE		0.00
JEFFREY GOH TOIN		
FOR INFORMATION:		
ST: P SN: 572442051		
PAYMENT DETAILS	DATE	AMOUNT PAYMENT TYPE
NAME	08.04.2018	120.00 VISA/MASTERCARD
JEFFREY GOH		

VIEW YOUR MEDISAVE AND / OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Log in to mycg online services with your SingPass at <http://www.cgh.com.sg> and proceed to My Statements> Section B>> Medisave/Medishield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cgh.com.sg> FAQs> Medisave. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash on/lay first, followed by Medisave, then Medishield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and Medishield Life, select through internet at <http://www.cgh.com.sg> and proceed to Employees Services> Medisave/Medishield Life Reimbursement. To reimburse to the Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan. Payment may be made at ANY of NETS outlets or by Internet via <http://www.cgh.com.sg> or by Cheque. No receipt will be issued for payment by Cheque. Payment may also be made at the Patient Service Centre during office hours at the A&E Registration Counter after office hours.

ED0002100.R9

Visit www.mypharmacy.com.sg for your health and lifestyle needs.

Please attach this portion to your cheque payment.
(Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd")

Amount Enclosed : S

Cheque No./Bank :
572442051 JEFFREY GOH TOIN

08.04.2018 02:20 hrs

MRN/NRIC : 572442051
CASE NUMBER : 6918341137B
ADMISSION DATE : 08.04.2018




Changi
General Hospital
SingHealth

ORIGINAL

MEDICAL CERTIFICATE

EMD201867412

Name JEFFREY BOH TOIN JEFFREY WU DIAN		NRIC No. S72442051	
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>08-Apr-2018</u> to <u>10-Apr-2018</u>			
Type of sick leave granted:			
<input type="checkbox"/> Hospitalisation Leave	<input checked="" type="checkbox"/> Unpaid Sick Leave		
Approved on: _____	<input type="checkbox"/> Maternity Leave	Certified on: _____	
Discharged on: _____	<input type="checkbox"/> Certification Leave	Certified on: _____	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit to go to duty from <u>N.A.</u> to <u>N.A.</u>			
The above-named person attended my clinic at <u>N.A.</u> and is fit to <u>N.A.</u>			
Hospital/ Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 08-Apr-2018	Signature, Name (in BLOCK LETTERS) and Designation (NRIC No)  MUMTAZ DAVI MOHAMMED NUSOFF, E0885F	



OCBC Bank

Branch: 000001, 0000114
2, SINGAPORE STREET 3
LEVEL 3
CGH # 4 E CORNER 3
SINGAPORE 109805

SALE

DATE/TIME: 08APR18 02:20
TID: 95000001 STAFF: 012752
HTD: 000000052464222
INVOICE#: 004983 BATCH#: 001180
HASTENCARD
XXXX XXXX XXXX 0147 EXPIRY
XXXX XXXX XXXX 0147 12/18
APPR CODE: 000002 HOST: 0000
CONTACTLESS PRM: 000016917432
TEL: 0067370000000000 010-00000000000000
0000000000000000

TOTAL SGD **120.00**
@ SIGNATURE required

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUED AGREEMENT
*** CUSTOMER COPY ***

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017785

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 : MAH18046943 Vehicle Registration No: SLP 4599C
Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 7/4/2018 Time of Accident : 22:30
Place of Accident : Junction b/w Mawar Boulevard & Mawar Ave
Insurance Company : "NMC"

(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:

Injury "Yes" - m/c insert.

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature

Name: Sun Euph
NRIC/FIN No.: S1524274
Date: 10/4/2018