

## 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	25/05/2018 17:49
Date Of Accident	23/05/2018 03:10
Exact Location Of Accident	JUNCTION BUKIT BATOK WEST AVENUE 3 AND AVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1750H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31584255

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CLASSIC CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995145
Cover Note Number	

### Driver

Name of Driver	GOH JUN HAO
NRIC No	S8613266D
Date Of Birth	09/05/1986
Occupation	OUTDOOR
Date Of Driving Pass	09/11/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92394128
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 249 JALAN BOON LAY  
Postcode  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION  
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 JURONG EAST NEIGHBOURHOOD POLICE CENTRE  
Police Station Address ROAD: NO. 92 BOON LAY WAY, POSTCODE: 609962, COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: FILE NO SUBTABLE  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1036E  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver LIM SEE ANN  
NRIC/Passport Number S6941999B  
Contact Number  
Address  
Postcode  
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

GOH JUN HAO

Approximate Age

Injuries Sustain

SERIOUS

Injured person in which vehicle?

SLG1750H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**SKETCH PLAN**

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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.

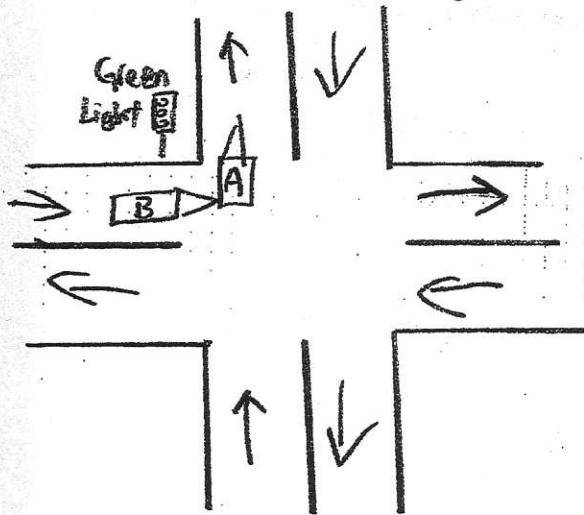
Policyholder's Signature  
Date & Time:

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

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

Accident Sketch Plan Pg. 1

SKETCH PLAN



A: SLG1750H

B: SHC1036E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report (T/20180524/2128)

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:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20180524/2128

1 of 4

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20180524/2128

**REPORT OF A TRAFFIC ACCIDENT**

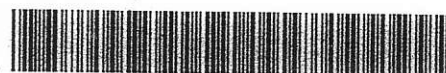
Date/Time Report Made: 24/05/2018 16:01	Vide Report No.:	Station Diary No.: 86
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<b>Informant's Particulars</b>			
Name of Informant: GOH JUN HAO		Address: APT BLK 620 JURONG WEST STREET 65 #03-448 SINGAPORE 640620	
ID Type / ID No.: NRIC NO / S8613266D		Contact No.: Home/Office: Mobile: 88097554	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 32	Date of Birth: 09/05/1986	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Grab Driver		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/05/2018 03:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUKIT BATOK WEST AVENUE 3 BUKIT BATOK WEST AVENUE 8 near to Princess Elizabeth Primary School				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1036E	Taxi				Slightly Damaged	0
SLG1750H	Car	TOYOTA	Altis	Grey	Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20180524/2128

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	Lim See Ann @ Koh See Ann		ID No.	S6941999B
Related Vehicle	SHC1036E (Taxi)		Contact No.	85007197
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	Slight
<b>Driver</b>				
Name	GOH JUN HAO		ID No.	S8613266D
Related Vehicle	SLG1750H (Car)		Contact No.	88097554
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/05/2018		Date Discharge	23/05/2018
No. of Days granted Medical Leave	10		Degree of Injury	Serious

**Brief Details.**

On 23/05/2018 at about 0330hrs, I was driving my car bearing registration plate number of SLG1750H along Bukit Batok West Ave 3 on the left lane. Upon approaching cross junction of Bukit Batok West Ave 3 and Bukit Batok West Ave 8 near to Princess Elizabeth, I saw traffic light ahead was green light. I just proceed to drive to the traffic junction.

I then saw a Taxi bearing registration plate number of SHC1036E was on my left side. Suddenly I felt a huge impact from the left side of my car and then from my vision my car flip upside down and roll to the grass batch opposite Princess Elizabeth Primary School. I realized my car was upright position and I felt pain on my head, neck and elbow. I was conscious at the point of time but I felt very giddy. I then exited my car through passenger side as the driver door was stuck with the assistant of a motorcyclist. He also assisted to call for the police and ambulance. Then I called my parents and also my elder brother.

Subsequently, ambulance arrived and also SCDF. The paramedics checked on me and informed me that I need to be conveyed but I refused to. Then subsequently, traffic police came down and also informed me to make a police report if my medical leave is more than 3 days. Then my parents and elder brother came down and exchanged particulars with the other parties.

Then my family brought me to Ng Teng Fong General Hospital and I was given 10 days Hospitalization Leave. My injury is Avulsion Fracture and required to go physiotherapy on 07/06/2018 at 0930hrs. There is front camera installed in my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20180524/2128

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Report No. T/20180524/2128

**CONTINUATION OF REPORT**





**SINGAPORE  
POLICE FORCE**



T/20180524/2128

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Police Station Of Origin:  
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Tel No: 1800-8999999.

Report No. T/20180524/2128

**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:

D /  
Sgt 2 MERVYN PEA JIA WEI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/05/2018 16:01

Officer In Charge Of Case:  
TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SN 34

SIGNATURE