

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	04/07/2018 17:00
Date Of Accident	04/07/2018 07:45
Exact Location Of Accident	ALONG GUILLEMARD ROAD(NEAR LOR 36 GEYLANG)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP4860E
Insured/Policyholder	
Name Of Registered Owner	STARS RENTAL & LEASING
Co Reg No	53312317L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93235481

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5085942280-01
Cover Note Number	

Driver

Name of Driver	GOH WEE KIAT
NRIC No	S8113464B
Date Of Birth	24/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2002
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93235481
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 256 PASIR RIS STREET 21 #07-277
Postcode	510256
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	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	2
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)	2
Passenger 1	NAME: : NA GENDER: : FEMALE

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

REFER ATTACHED

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	SGV5101K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG SOO LENG
NRIC/Passport Number	
Contact Number	97577389
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	GOH WEE KIAT
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	SJP4860E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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**SINGAPORE
POLICE FORCE**



T/20180704/2045

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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180704/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2018 11:31		Vide Report No.:		Station Diary No.: 88	
Informant's Particulars					
Name of Informant: GOH WEE KIAT			Address: APT BLK 256 PASIR RIS STREET 21 #07-277 SINGAPORE 510256		
ID Type / ID No.: NRIC NO / S8113464B			Contact No.: Home/Office: Mobile: 93235481		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 24/04/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2018 07:45	Type of Location: Straight Road
Location: Along Road 1 GUILLEMARD ROAD NICOLL HIGHWAY Travelling along Guillemard Road towards Nicoll Highway (Near Geylang Lor 36)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGV5101K	Car				Seriously Damaged	0
SJP4860E	Car				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180704/2045

CONTINUATION OF REPORT

Driver			
Name	NG SOO LENG		ID No. S7012863B
Related Vehicle	SGV5101K (Car)		Contact No. 97577389
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 WEE KIAT		ID No. S8113464B
Related Vehicle	SJP4860E (Car)		Contact No. 93235481
Hospital/Clinic	DOCTORS INC MEDICAL GROUP		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	04/07/2018		Date Discharge 04/07/2018
No. of Days granted Medical Leave	03		Degree of Injury Slight

Brief Details.

On 4/7/18 at about 0745hrs, I was travelling along Guillemard Road towards Nicoll Highway (Near Geylang Lor 36). I was travelling on the centre lane when the vehicle in front of me slowed down to a stop as there was traffic ahead. I followed and slowed down my vehicle to a stop too. However, I felt a huge impact coming from the rear of my vehicle SJP4860E. I then alighted and noted that SGV5101K had collided into the rear of my vehicle.

I managed to exchange particulars with the said driver. I wish to state that I do not have any in built camera in my vehicle. No Traffic Police and no ambulance at scene.

After the accident, I felt pain on my body so I went to see the doctor and was given a 3 days medical leave.

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Report No. T/20180704/2045

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:
E /
Sgt 3 LIYANA BINTE MOHD RAZALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/07/2018 11:31

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

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE

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