

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	23/08/2018 17:06
Date Of Accident	22/08/2018 07:00
Exact Location Of Accident	TPE (PIE) BEFORE PUNGGOL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM8403U
Insured/Policyholder	
Name Of Registered Owner	GOH MUI HUA
NRIC No	S1390490A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81254612
Alternative Phone No	OFFICE-81254612

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (AMBIENTE)
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?	YES
If No, Please state action to be taken	
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	5099883338
Cover Note Number	

Driver

Name of Driver	JACKIE GOH JIAN JI
NRIC No	S9308501I
Date Of Birth	12/03/1993
Occupation	INDOOR
Date Of Driving Pass	22/06/2012
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92221281
Fax Number	
Contact Number	OFFICE-92221281
Email Address	NOEMAIL

Address	BLK 206B COMPASSVALE LANE #15-91
Postcode	542206
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JKX3908 (PRIVATE CAR)
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	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20180822/7027.

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	JKX3908
Vehicle Make/Model/Colour	
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) 2
Passenger 1
NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA9121A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name JACKIE GOH JIAN JI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKM8403U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

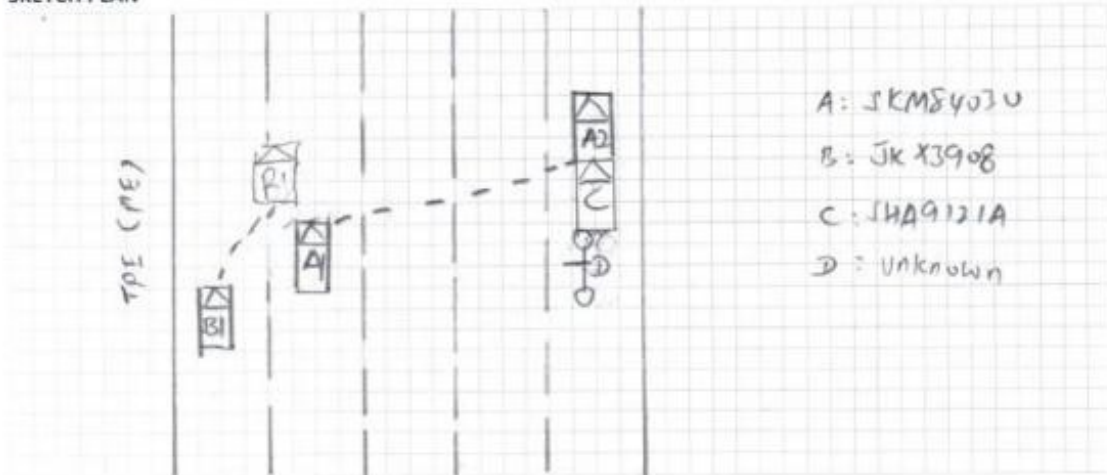
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - F/20180822/7027.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



F/20180822/7027

1 of 3

POLICE REPORT (NP299)

Report No. F/20180822/7027

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 22/08/2018 20:03	Vide Report No.	Station Diary No.
Name Of Informant JACKIE GOH JIAN JI	Address APT BLK 206B COMPASSVALE LANE #15-91 SINGAPORE 542206	
ID Type / ID No. NRIC NO / S93085011	Contact No. Home/Office:	Mobile: 92221281
Nationality SINGAPORE CITIZEN	Email Address jackiegoh6@gmail.com	
Occupation SELF-EMPLOYED	Sex Male	Age 25
Institution/School Name	Date of Birth 12/03/1993	Race Chinese
Date/Time Of Incident 22/08/2018 07:00 - 22/08/2018 08:00	Location Of Incident TPE towards Pie Changi before Punggol exit	

Brief details.

I was involved in a traffic accident along TPE towards Pie before Punggol exit. I was driving the said vehicle of SKM8403U, an Audi A3. I was on Lane 4 preparing to exit the expressway, when suddenly this blue color Toyota Altis of JKK3908 cut into my lane from Lane 5 on my left. Due to the last minute decision made by the Toyota Altis driver, I could not be able to brake in time, thus having an impact onto the rear of the car. Right after the impact, causing my car to swerve right and landed on Lane 1 where the Comfort Taxi SHA9121A could not have e-braked in time and collided into the rear of my Audi A3.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2018 20:03
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



F/20180822/7027

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180822/7027

Within a time frame of 2mins - 5mins. The black motorcycle collided into the stationary Comfort Taxi on the Lane 1. His bike was thrown over to Lane 3, while the rider was thrown over to Lane 2.

I went to see for medical treatment afterwards at Mount Alvernia Hospital for my whiplash effect on my spine due to the collision impact. Results of the consultation, I am granted medical leave for 7 days from 22/08/18 to 28/08/18.

Please help to retrieve any cctv footage from cameras recording that is able to show the accident.

Subjects Involved			
Suspect			
Person Name	Pei Fen		
Gender	Female	Age	27-35
Race	Chinese	Mobile No	92318103
Relation To Informant	She was driving the Toyota Altis		
Victim			
Person Name	JACKIE GOH JIAN JI		
ID Type	NRIC NO	ID No	S9308501I
Gender	Male	Age	25
Race	Chinese	Language	English
Occupation	SELF-EMPLOYED	Address Type	

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2018 20:03
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Police Report



**SINGAPORE
POLICE FORCE**



F/20180822/7027

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180822/7027

Address	APT BLK 206B COMPASSVALE LANE #15-91 SINGAPORE 542206	Mobile No	92221281
Is Informant A Victim?	Yes		
Person Name	JACKIE GOH JIAN JI (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

22/08/2018 20:03

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



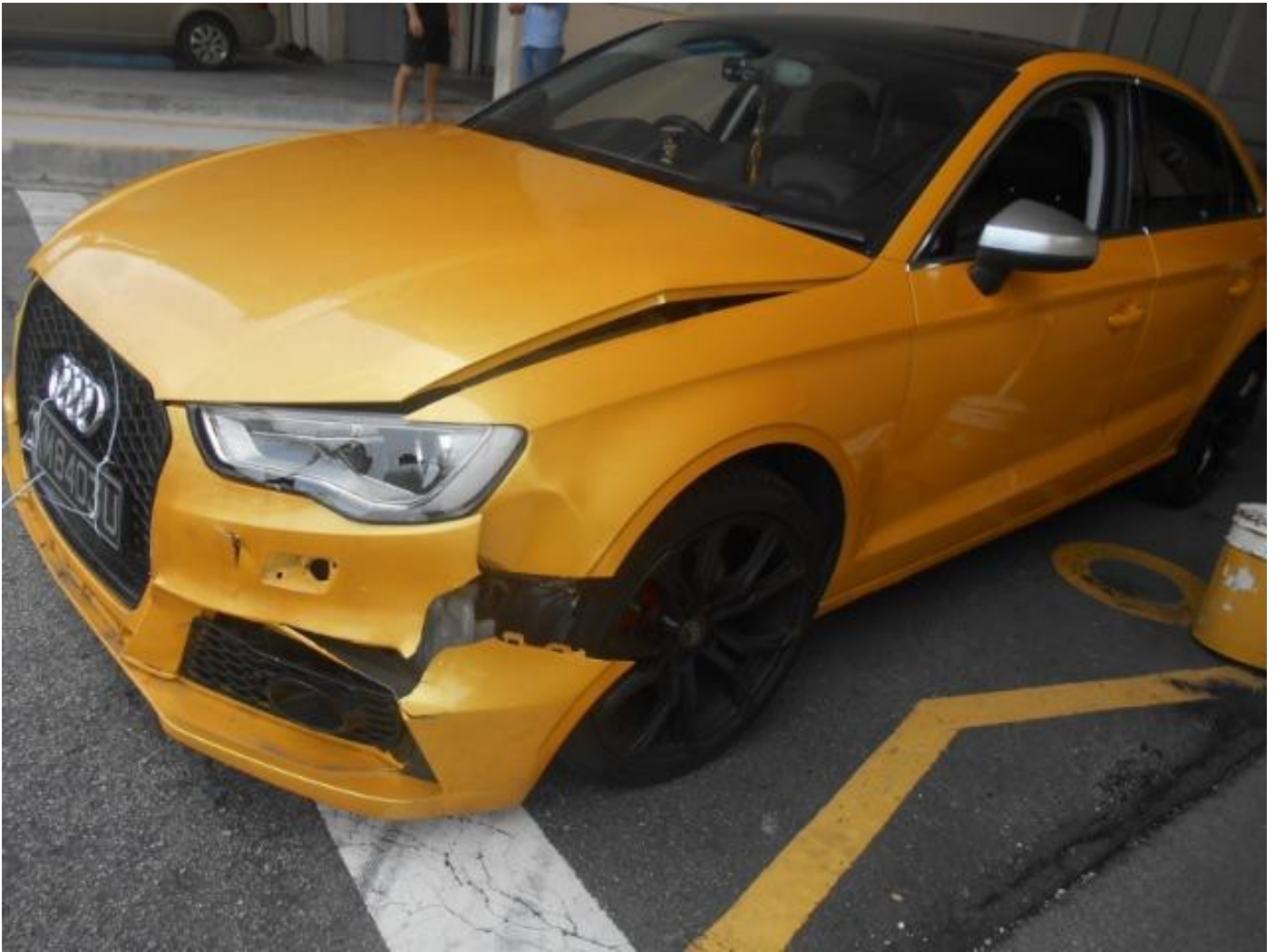
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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
UTN: S66SS00206 / GST Reg. No.: M400017735

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 : MHA18109243 Vehicle Registration No : JKM8V03U
Name (as shown in NRIC) : Jackie Koh Joo Ji NRIC/FIN/Passport No : 593085012
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 206B Compassvale Lane #15-91 Singapore (743206)
Contact (Tel) : _____ Mobile No. : 93221287
Email Address : _____
Date of Accident : 22/8/18 Time of Accident : 07:00
Place of Accident : 79 ECP (S) before Punggol Rd Bx1
Insurance Company : NTUC

(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:

1. Amend to OD claim.

31.
Policyholder / Driver's Signature
Date:

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