

## 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 liability.
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	05/10/2018 14:58
Date Of Accident	04/10/2018 17:30
Exact Location Of Accident	HOUANG AVE 2 NEAR REGENCY FLORENCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5750Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	201611813C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91013321
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	CIVIC
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5100153718
Cover Note Number	
<b>Driver</b>	
Name of Driver	GOH LOO AIK (WU RUYI)
NRIC No	S7512430I
Date Of Birth	15/04/1975
Occupation	OUTDOOR
Date Of Driving Pass	22/07/2014
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91013321
Fax Number	
Contact Number	
EEmail Address	WILFORDGOH@YAHOO.COM

Address BLK 217 ANG MO KIO AVE 1  
#09-965

Postcode 560217

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 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? YES

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 SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4519999 - FAX NO: 65535679

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident**

REFER POLICE REPORT

**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 SDW5055R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN SIANG ING

NRIC/Passport Number S7717469I

Contact Number 96867680

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TAN SIANG ING
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	SDW5055R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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.

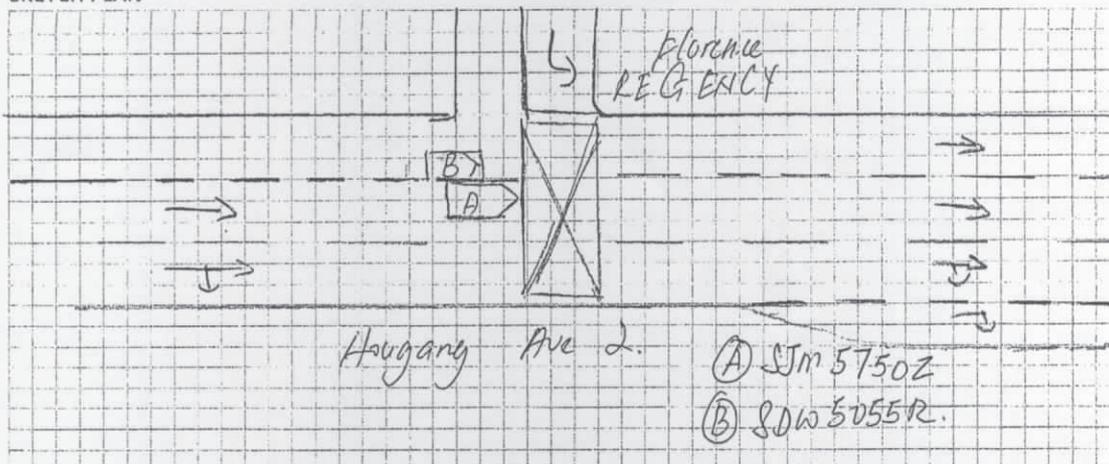


\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 5/10/2018  
14.35pm

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

SKETCH PLAN



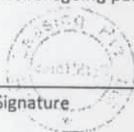
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report

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: 5/10/2018

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



**SINGAPORE  
POLICE FORCE**



T/20181004/2162

1 of 3

Report No. T/20181004/2162

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/10/2018 19:39	Vide Report No.: F/20181004/0127	Station Diary No.: 155
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**Informant's Particulars**

Name of Informant: GOH LOO AIK		Address: APT BLK 217 ANG MO KIO AVENUE 1 #09-965 SINGAPORE 560217	
ID Type / ID No.: NRIC NO / S7512430I		Contact No.: Home/Office:	Mobile: 91013321
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 15/04/1975	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Grab Driver		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/10/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 HOUGANG AVENUE 2				
Regency Florence HUDC				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SDW5055R	Car				Seriously Damaged	0
SJM5750Z	Car				Seriously Damaged	0

**Details of Person Involved**

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

Common Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20181004/2162

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569929  
Tel No: 1800-4519999

2 of 3  
Report No. T/20181004/2162

CONTINUATION OF REPORT

Driver			
Name	GOH LOO AIK	ID No.	S7512430I
Related Vehicle	SJM5750Z (Car)	Contact No.	91013321
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	NII
Driver			
Name	Tan Siang Ing	ID No.	S7717469I
Related Vehicle	NIL	Contact No.	96867680
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

**Brief Details.**

On 4.10.2018 at about 1730hrs, I was driving along Hougang Ave 2 near Regency Florence estate, I was on the 2nd lane, towards Ang Mo Kio Ave 3. While driving, another vehicle SDW 5055R was driving on the left most lane and the said vehicle suddenly speed up and wanted to over take me. I believe that the driver had misjudge and her front of the vehicle hit my vehicle left side front passenger door.

Due to the accident, the other party driver complaint pain and numbness at the right arm. As such, I called the police and ambulance and she was conveyed to hospital by ambulance I was not injured at that point of time.

I wish to state that Traffic Police had attended to me and advise me to lodge a police report.