

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	05/11/2018 16:30
Date Of Accident	02/11/2018 15:10
Exact Location Of Accident	JUNCTION OF BUKIT TIMAH AND K K HOSPITAL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKH6572D
Insured/Policyholder	
Name Of Registered Owner	WHEELS LIMO SERVICE
Co Reg No	-
Email Address	MAXSKYER23@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96835366
Alternative Phone No	OFFICE-91163292
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000000775-02-000
Cover Note Number	
Driver	
Name of Driver	GOH HOCK SENG
NRIC No	S72231271
Date Of Birth	07/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1994
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91163292
Fax Number	
Contact Number	OTHERS-96835366
EEmail Address	MAXSKYER23@GMAIL.COM

Address	BLK 262 TAMPINES STREET 21 #10-262
Postcode	520262
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRV9216 (PRIVATE CAR)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT E/20181107/7004

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT CAPTURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME6095G
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANDY TAN PENG JIN
NRIC/Passport Number	S1231405A
Contact Number	96332115
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JRV9216
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver ANGAALAGI A/P KUPUSAMY
NRIC/Passport Number 830412-08-6342
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

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.

WHEELS LIMO SERVICE

BLK 652 SENJA LINK
#08-14 S(670652)
TEL: +65 9683 5366

Policyholder's Signature

Date & Time: 5/11/18
1600 hrs

Driver's Signature

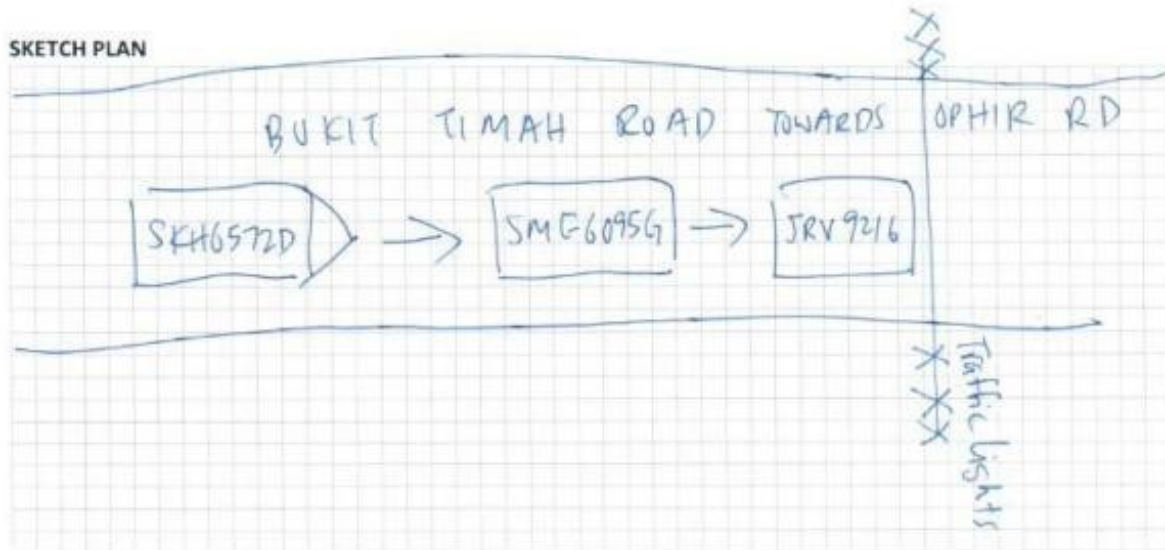
(If driver is not the policyholder)
Date & Time: 5/11/18
1600 hrs

Reporting Centre Personnel's Signature

Name: Rosli Wathas
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/11/18, I was travelling along Bukit Timah Rd towards Ophir Rd. As I approached traffic light junction near FK hospital which is on my left side, my ~~vehicle~~ vehicle stopped. When the lights turned green, I accelerate forward but the vehicle in front of me was slow in moving and suddenly stop. I realised that due to the suddenly stop my vehicle hit and contact the front vehicle SME6095G Toyota Prius. When I came down to inspect the vehicle, I realised that the front vehicle SME6095G had also hit another Malaysian vehicle JRV9216. This all I have to said. Thank you

DECLARATION

WHEELS LIMO SERVICE.
I/We declare the above particulars are true in every respect.

BLR 052 S(670652)
#08-14 S(670652)
TEL: +65 9683 5366

Policyholder's Signature

Date & Time: 5/11/18

1600hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time: 5/11/18

1600hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

05/11/2018
Reski Wathas

POLICE REPORT



**SINGAPORE
POLICE FORCE**



E/20181107/7004

1 of 1

POLICE REPORT (NP299)

Report No. E/20181107/7004

Police Station Of Origin
Tanglin Police Divisional HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 07/11/2018 12:49	Vide Report No.	Station Diary No.
Name Of Informant GOH HOCK SENG	Address APT BLK 262 TAMPINES STREET 21 #10-262 SINGAPORE 520262	
ID Type / ID No. NRIC NO / S7223127I	Contact No. Home/Office: Mobile: 91163292	
Nationality SINGAPORE CITIZEN	Email Address maxskyer23@gmail.com	
Occupation Limousines driver	Sex Male	Age 46
Institution/School Name	Date of Birth 07/07/1972	Race Chinese
Date/Time Of Incident 02/11/2018 15:10 - 02/11/2018 15:15	Location Of Incident BUKIT TIMAH ROAD	


Brief details.

I was driving along Bukit Timah Road towards Ophir Road, as I approached traffic junction near kk hospital, my vehicle stopped. There were another 2 vehicles in front of my vehicle. When the traffic lights turn green , I accelerated forward as per normal, the front vehicle was also moving but at a very slow speed and suddenly stopped, my vehicle couldn't stopped in time and hit onto the front vehicle SME 6095G Toyota Prius. His vehicle also hit onto another Malaysia vehicle JRV 9216. The reason for making this report is the insurance reporting purposes.

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: 07/11/2018 12:49
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S72231271




Name
GOH HOCK SENG

Race
CHINESE

Date of birth
07-07-1972

Country/Place of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S72231271**

Name
GOH HOCK SENG

Birth Date: **07 Jul 1972**

Issue Date: **25 May 2016**




002570647G

S332649



NRIC No: **S72231271**



Date of issue
24-07-2014


Address
**APT BLK 262 TAMPINES STREET 21
#10-262
SINGAPORE 520262**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

	EFFECTIVE DATE
Class 2B Motorcycles ≤ 200 cc	17 Jun 1992
Class 2A Motorcycles between 201 cc and 400 cc	18 Sep 1993
Class 2 Motorcycles > 400 cc	07 Nov 1994
Class 3 Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	31 May 1994

NP 429A

License No: **S72231271**



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
UEN: S66550020G / 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: MINA18143307 Vehicle Registration No: SKH 65720
Name (as shown in NRIC): GUTH HOCK SEAH NRIC/FIN/Passport No: _____
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 91163292
Email Address: _____
Date of Accident: 02/06/08 Time of Accident: 15:10
Place of Accident: JUNCTION OF BUKIT TIMAH & KIL. HOSPITAL
Insurance Company: GREAT AMERICAN

(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:

to further Police Report E/2018/107/2004

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No: _____
Date: 07/11/2018