

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	14/01/2019 16:37
Date Of Accident	13/01/2019 12:35
Exact Location Of Accident	CTE TWDS SLE AFT AMK AVE 5 B4 YIO CHU KANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG14G
Insured/Policyholder	
Name Of Registered Owner	GOH SIOK LIN,LINDA
NRIC No	S7902019B
Email Address	LINDAGOHSL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90909070
Alternative Phone No	OTHERS-90909070

Vehicle Particulars

Manufacturer	HONDA
Model	FREED
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0001504
Cover Note Number	

Driver

Name of Driver	GOH SIOK LIN,LINDA
NRIC No	S7902019B
Date Of Birth	04/01/1979
Occupation	INDOOR
Date Of Driving Pass	23/06/2000
Driving Experience	18 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90909070
Fax Number	
Contact Number	OTHERS-90909070
Email Address	LINDAGOHSL@GMAIL.COM

Address	BLK 305 SERANGOON AVE 2 #08-82
Postcode	550305
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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	SERANGOON GARDENS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 51 SERANGOON GARDEN WAY , POSTCODE: 555947 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2879999 - FAX NO: 62815969
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190114/2103

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC2926X
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLL7887G
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)

DETAILS OF INJURED PERSON 1

Name GOH SIOK LIN,LINDA
Approximate Age
Injuries Sustain BACK,NECK,HEAD & CHEST
Injured person in which vehicle? SLG14G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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

CTE TOWDS SLE

A - SLG 149

B - SMC2926X

C - 54478874



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the 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:

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190114/2103

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

2 of 3

Report No. T/20190114/2103

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG14G	INDIA INTERNATIONAL INSURANCE PTE LTD	D18MPC0001504	31/10/2018	30/10/2019

Brief Details.

On 13/01/2019 at around 1235hrs, I was driving my vehicle SLG14G along Central Expressway towards SLE/TPE. The weather was clear, the road was dry and the traffic was moderate.

There was a vehicle, SLL7887G in front of my vehicle. I was driving at the constant speed of 60-70km/hr. Out of sudden, the front vehicle stopped and I had press by emergency brake as it was too sudden. However, my vehicle had hit onto the front vehicle as I could not stop in time due to the sudden break by the front vehicle. Later on, I felt another impact coming from the rear.

Both of the impact were moderate, I sat inside my vehicle for a while as I was in a shocked after the incident. The other party called for the ambulance and police as I was not feeling well. The ambulance came and I was then conveyed to TTSH. I did not ask what actually happen however I had noticed there was a roadwork at the front of the incident had happened.

I had suffered pain at the back of my neck when I was in hospital. I was discharge on the same day. On 14/01/2019, I felt pain on my head and chest however I had yet to see a doctor again. I was instructed to lodge a traffic accident report by the traffic investigation officer Maria, Tel: 6547 6455 vide to F/20190113/0111.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



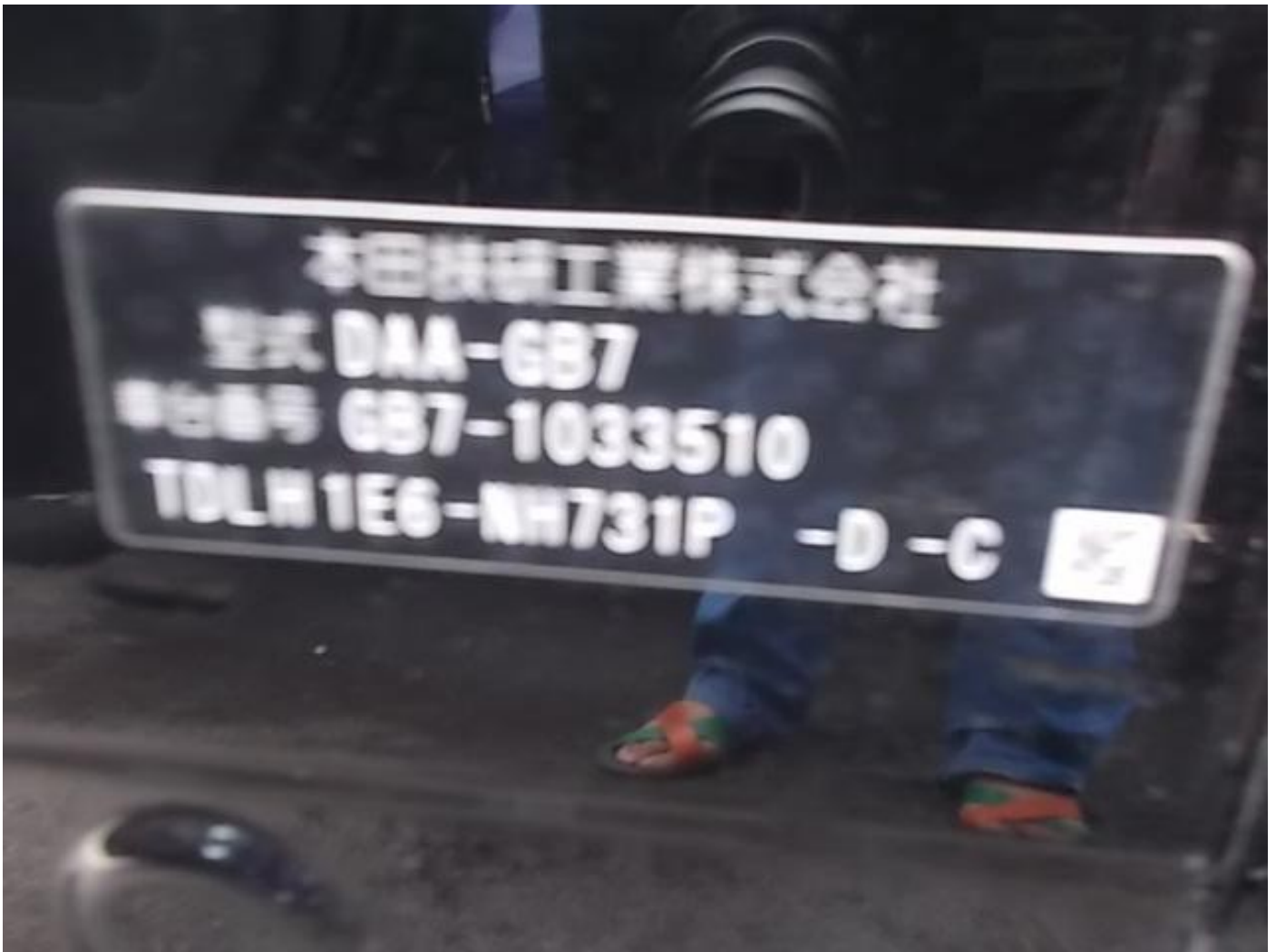
Accident Photo



Accident Photo



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Police Report



**SINGAPORE
POLICE FORCE**



T/20190114/2103

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555847
Tel No: 1800-2879999

1 of 3

Report No: T/20190114/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2019 18:02		Vide Report No.: F/20190113/0111		Station Diary No.: 11	
Informant's Particulars					
Name of Informant: GOH SIOK LIN, LINDA			Address: APT BLK 305 SERANGOON AVENUE 2 #08-82 SINGAPORE 550305		
ID Type / ID No.: NRIC NO / S7902019B			Contact No.: Home/Office: Mobile: 90909070		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 40	Date of Birth: 04/01/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: -			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2019 12:35	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Towards SLE direction, after Ang Mo Kio avenue 5 before Yio Chu Kang exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG14G		HONDA	FREED HYBRID 1.5G AUTO	Black		0
SLL7687G	Car	SUBARU	OUTBACK 2.5I-S CVT AWD SR	White		0
SMG2926X		AUDI	A3 SEDAN 1.0 TFSI S TRONIC (LED)	Grey		0

Police Report



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T/20190114/2103

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Police Report



SINGAPORE
POLICE FORCE



T/20190114/2103

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51 Serangoon Garden Way SINGAPORE
655947
Tel No: 1800-2879999

3 of 3

Report No. T/20190114/2103

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:

F /

Sgt 2 LAM CHEW KIT

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

14/01/2019 16:02

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PAUL

Contact No.: 65476246

Classification Of Case:

Authentication Stamp

NP108

Identification Card



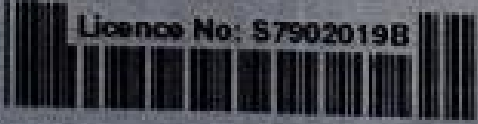
Driving License

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

	PASS DATE
Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	23 Jun 2000

NP 428A

Licence No: S7902019B



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7902019B**

Name: **GOH SIOK LIN, LINDA
(WU SHULIN, LINDA)**

Birth Date: **04 Jan 1979**

Issue Date: **21 Jun 2004**



001241833A