

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	16/01/2019 11:09
Date Of Accident	15/01/2019 03:35
Exact Location Of Accident	ALONG BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX5877U
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Insured/Policyholder

Name Of Registered Owner	HENG HUP HUAT FOODSTUFFS TRADING PTE LTD
Co Reg No	201736464Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92380399
Alternative Phone No	OFFICE-92380399

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DIESEL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101730246
Cover Note Number	

Driver

Name of Driver	GOH KAI KIAT
NRIC No	G8535727T
Date Of Birth	24/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85468400
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	BLK 6 HOLLAND CLOSE #05-10
Postcode	271006
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 (including own vehicle) 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBANWANG NPC
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20190116/2008;

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	SLP7445C
Vehicle Make/Model/Colour	MAZDA3 SEDAN 1.5 AT EU6
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

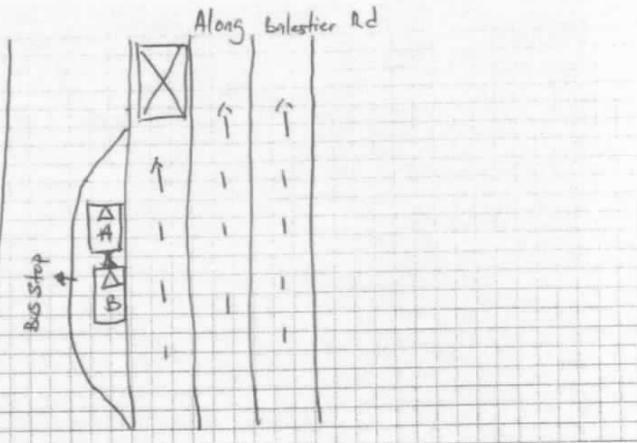
Name	GOH KAI KIAT
Approximate Age	20
Injuries Sustain	NECK AND CHEST PAIN
Injured person in which vehicle?	GX5877U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 6 HOLLAND CLOSE #05-10
Postcode	271006

Accident Sketch Plan Pg. 1

SKETCH PLAN

Veh A: EX 58774

Veh B: SLP 7445C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

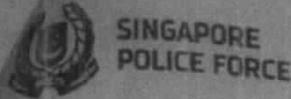
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



Driver's Signature
(if driver is not the policyholder)
Date & Time: 16 JAN 2018

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Reporting Centre
Name: **67416697**
Tel: **67492305**
Fax: **67492305**
Email: **vackb@singnet.com.sg**



Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No. 1800-5549999



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Report No. T20190119/2008

CONTINUATION OF REPORT

Driver			
Name	GOH KAI KIAT	ID No.	G8535727T
Related Vehicle	GX5877U (Van)	Contact No.	85468400
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/01/2019	Date Discharge	15/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 15/01/2019, at about 0330hrs, I was delivery noodles along Balestier Road. As I was the driver, I had alighted my partner along the road to carry out the delivery and I drove off. I made a U-turn and stopped my van, GX5877U, at the bus stop as I did not want to obstruct traffic. My intention was to wait for my partner there once he finished his delivery. I wish to inform that I had also turned on the hazard light at the location.

While waiting for my partner in the van, a car, SLP7445C suddenly came from behind and collided into the rear of my van. Due to the impact, my van had also mounted up the kerb and ended up on the pavement. I went down to take a look at what had happened, and I saw the driver of the car walking away and leaving his vehicle there. Subsequently, passers-by called for the police and traffic police officers came to the scene. The ambulance was at scene to make a check on me but I was not conveyed.

I wish to inform that the van's rear area was seriously damaged. I had also seen the doctor and was given 3 days MC due to pain on my neck and chest. I am currently under going a conversion course to get my Singapore Driving Licence.

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999


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Report No. T201901162008

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: L / Sgt 2 TAN YU KAI, MARCUS <i>Marcus</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 15/01/2019 06:35
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case: SN 085
Authentication Stamp HP168	 Signature: <i>Marcus</i> Singapore Police Force