

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 | 18/01/2019 18:36 |
| Date Of Accident | 11/10/2018 20:30 |
| Exact Location Of Accident | ALONG UPPER CROSS STREET |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SCP18E |
| Insured/Policyholder | |
| Name Of Registered Owner | GOH WEE HUAT RONALD |
| NRIC No | S0273465F |
| Email Address | RONALD_GOH@ENEPL.COM.SG |
| Mobile Phone No | (LOCAL) +65-96336163 |
| Alternative Phone No | OTHERS-96336163 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | BMW |
| Model | 535I-3.0 (A) |
| 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 | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | |
| Cover Note Number | 10119862 |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | GOH WEE HUAT RONALD |
| NRIC No | S0273465F |
| Date Of Birth | 18/11/1944 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/01/1962 |
| Driving Experience | 56 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96336163 |
| Fax Number | |
| Contact Number | OTHERS-96336163 |
| Email Address | RONALD_GOH@ENEPL.COM.SG |

| | |
|---|------------------|
| Address | 273A OUTRAM ROAD |
| Postcode | 169063 |
| 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 | SIDE SWIPE |
| 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? | 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 | BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2369999 - FAX NO: 62268438 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181022/2153

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 | SJY3703K |
| 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)

Accident Sketch Plan

SKETCH PLAN

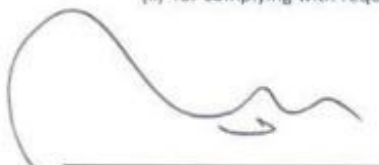
IMPORTANT NOTICE

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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: _____

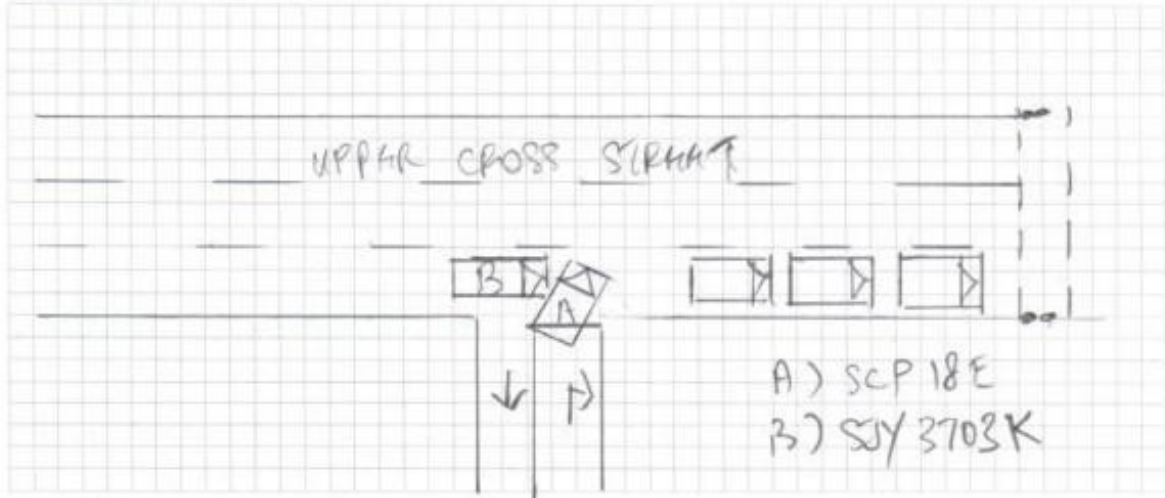
Driver's Signature
(If driver is not the policyholder)
Date & Time: _____



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT
T/20181022/2153

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.:

GIAR/2C SketchPlanForm_V3

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181022/2153

1 of 3

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20181022/2153

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 22/10/2018 20:08 | Vide Report No.: | Station Diary No.: 216 |
|--|------------------|---------------------------|

Informant's Particulars

| | | | | |
|---|------------|------------------------------|---|----------------------------|
| Name of Informant: GOH WEE HUAT RONALD | | | Address: 273A OUTRAM ROAD SINGAPORE 169063 | |
| ID Type / ID No.: NRIC NO / S0273465F | | | Contact No.: Home/Office: | Mobile: 96336163 |
| Nationality: SINGAPORE CITIZEN | | | Email: ronald_goh@enepl.com.sg | |
| Sex: Male | Age: 73 | Date of Birth: 18/11/1944 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: Company director | | | Driving Licence Information: Class: | |

General Information of the Accident

| | | | | |
|---|----------------------|-----------------------|---|--|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 11/10/2018 20:30 | Type of Location: Straight Road |
| Location: Along Road 1 UPPER CROSS STREET | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| 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 |
|-------------|------|------|-------|-------|------------------|-----------------|
| SCP18E | Car | | | | Slightly Damaged | 0 |
| SJY3703K | Car | | | | | 0 |

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181022/2153

2 of 3

Report No. T/20181022/2153

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|---------------------|--|-----------------------------------|
| Name | GOH WEE HUAT RONALD | ID No. | S0273465F |
| Related Vehicle | SCP18E (Car) | Contact No. | 96336163 |
| 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 | NIL |

Brief Details.

On the evening of 11/10/2018, I was at the side road at around 0830pm waiting to turn right into Upper Cross Street. Traffic at Upper Cross Street was heavy bumper-to-bumper traffic. When there was an opening when the traffic moves, I turn into the opening and next I heard a scratching sound coming from the left side of the car. I moved ahead and could not stop because of the heavy traffic.

I kept left and slowed down but couldn't see anyone following me or any car stopping behind or ahead of me. Therefore, I moved on as I didn't want to create further road congestion.

I reckon since the other party did not stop or follow or honk me, he may not be aware that he has scratched my car and moved on too.

I went home, parked the car and saw it was only minor surface scratches to the paintwork, so I did not make a Police report.

(I wish to add that upon receiving the letter from Traffic Police ref: TP/IP/58851/2018 dated on 17/10/2018, I tried to call the Investigation Officer Kaleswari at tel: 65476902 however to no answer. Thus I am lodging this report as instructed.)

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181022/2153

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
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Tel No: 1800-2369999

CONTINUATION OF REPORT

3 of 3
Report No. T/20181022/2153

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: A / SI JURAIMI BIN MOHAMED AMIN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 22/10/2018 20:08 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 | Classification Of Case: |
| Authentication Stamp NP158 | |

Accident Photo



ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0273465F



Name
GOH WEE HUAT RONALD

吴伟发

Race
CHINESE

Date of birth
18-11-1944

Sex
M

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0273465F

Name
GOH WEE HUAT RONALD

Birth Date 18 Nov 1944

Issue Date 25 Sep 2003

1000660114C

5240379



5240379



Date of issue
20-11-2013

Address
273A OUTRAM ROAD
SINGAPORE 169063

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

| | | PASS DATE |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 10 May 1961 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 10 May 1961 |
| Class 2 | Motorcycles exceeding 400 cc | 10 May 1961 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 3000 kilograms | 30 Jan 1992 |

NP 428A

Licence No: S0273465F

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

