

## 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	01/02/2019 14:48
Date Of Accident	31/01/2019 18:15
Exact Location Of Accident	NICOLL HWY TWDS GUILLEMARD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE7817U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG GEOK LIAN
NRIC No	S7326425A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93857351
Alternative Phone No	OFFICE-93857351

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096235189
Cover Note Number	-

### Driver

Name of Driver	GOH CHIN HIAN (WU ZHENXIAN)
NRIC No	S73108651
Date Of Birth	29/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	19/08/1993
Driving Experience	25 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93857351
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	15A ANAMALAI AVE
Postcode	279985
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 DUKE ROAD , <b>POSTCODE:</b> 268914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4629999 - <b>FAX NO:</b> 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG154D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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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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**

KPE (PIE TYPE)

A = SJE 7817 U  
B = FEG 154 D

A

Nicola Hury

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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:

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



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190131/2160

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

1 of 3

Report No. T/20190131/2160

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2019 20:24	Vide Report No.: G/20190131/0167	Station Diary No.: 97
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## Informant's Particulars

Name of Informant: GOH CHIN HIAN			Address: 15A ANAMALAI AVENUE SINGAPORE 279985		
ID Type / ID No.: NRIC NO / S7310865I			Contact No.: Home/Office: Mobile: 93857351		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 29/03/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PHV 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: 31/01/2019 18:15	Type of Location:
Location: Along Road 1 NICOLL HIGHWAY  towards Guillemard Rd				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG154D	Motorcycle				Slightly Damaged	1
SJE7817U	Car				Slightly Damaged	1

## Details of Person Involved

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

POLICE REPORT



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T/20190131/2160

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

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Report No. T/20190131/2160

CONTINUATION OF REPORT

<b>Driver</b>			
Name	GOH CHIN HIAN		ID No. S7310865I
Related Vehicle	SJE7817U (Car)		Contact No. 93857351
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	NIL

**Brief Details.**

On the 31/01/2019 at 1808hrs, I was travelling along Nicoll Highway. I was at the leftmost lane trying to filter to the middle lane. I was travelling at about 20km/h.

As I was filtering my way to the most right lane from the 2nd lane, my car came into contact with a motorcycle who was travelling between Lane 1 and Lane 2. The motorcycle then fall.

My car suffered damages on the right side mirror, right mudguard and the front bumper. I am not sure what damages the motorbike suffered.

Traffic Police and Ambulance came down to scene. The pillion of the motorbike was conveyed to hospital.

My in-car camera recorded the incident and was passed to Traffic Police.

Me and my passenger did not sustained any injuries. The rider suffered a bruised left knee.

No public property damaged.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20190131/2160

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Report No. T/20190131/2160

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:  
E /  
Sgt 2 RAHUL SINGH SANDHU

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Contact No.:

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
31/01/2019 20:24

Classification Of Case:

SIGNATURE



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo





Accident Photo



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