

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	09/02/2019 14:10
Date Of Accident	08/02/2019 06:55
Exact Location Of Accident	SIMEI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD8549E
Insured/Policyholder	
Name Of Registered Owner	GOH STEVEN
NRIC No	S7101860A
Email Address	STEVEN.GOH@ALCON.COM
Mobile Phone No	(LOCAL) +65-97596967
Alternative Phone No	OFFICE-97596967

Vehicle Particulars

Manufacturer	VOLVO
Model	S60-1.6 T4 (A)

Exact Purpose for which vehicle was being used at time of accident

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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000003289-01-000
Cover Note Number	

Driver

Name of Driver	GOH STEVEN
NRIC No	S7101860A
Date Of Birth	15/01/1971
Occupation	INDOOR
Date Of Driving Pass	08/12/1997
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97596967
Fax Number	
Contact Number	OFFICE-97596967
EMail Address	STEVEN.GOH@ALCON.COM

Address	SINGAPORE
Postcode	
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	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?	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On the 08/02/2019, at 0655Hrs, I was travelling on Simei Rd going towards Simei St 1. I was near the filter lane of the PIE exit when the bus in front of me was slowing down so i too slowed down. Just then I felt a big impact at the rear of my vehicle. I realised that vehicle B(GX9308U) had collided into the rear left portion of my car. When I got off to exchange particulars with the driver of vehicle B, he explained that he did not expect me to slow down and that is why he could not stop in time.

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	GX9308U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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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:

I am fully aware that my insurer may have a 14-day period for me to decide on filing an Own Damage Claim.



Accident Sketch Plan

SKETCH PLAN

Date of Accident 08/02/2019

A : S K 8 5 4 9 E
B : G X 9 3 0 8 U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 08/02/2019, at 0655Hrs, I was travelling on Simei Rd going towards Simei St 1. I was near the filter lane of the PIE exit when the bus in front of me was slowing down so i too slowed down. Just then I felt a big impact at the rear of my vehicle. I realised that vehicle B(GX9308U) had collided into the rear left portion of my car. When I got off to exchange particulars with the driver of vehicle B, he explained that he did not expect me to slow down and that is why he could not stop in time.

- ☐ Not a traffic accident
- ☐ Traffic accident
- ☐ Other type of accident
- ☒ Reporting only

DECLARATION

I/We declare the foregoing particulars are true and correct.

Police Officer's Signature
Date & Time

Driver's Signature
(If driver is not the complainant)
Date & Time

Reporting Officer/Police Officer's Signature
Date & Time

INSURED

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7101860A



Name

GOH STEVEN
(WU STEVEN)

Race

CHINESE

Date of Birth

15-01-1971

Sex

M

Country of Birth

SINGAPORE

S7101860A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7101860A
Name

GOH STEVEN (WU STEVEN)

Birth Date: 15 Jan 1971

Issue Date: 20 Dec 2002



INSURED

0630551



NRIC No S7101860A

Blood Group: O+ Date of issue: 24-11-1992

31 TERRASSE LANE #02-63
SINGAPORE 544779
NRIC No: S7101860A

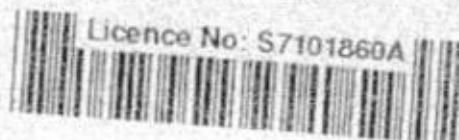
Date: 02/03/2015

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

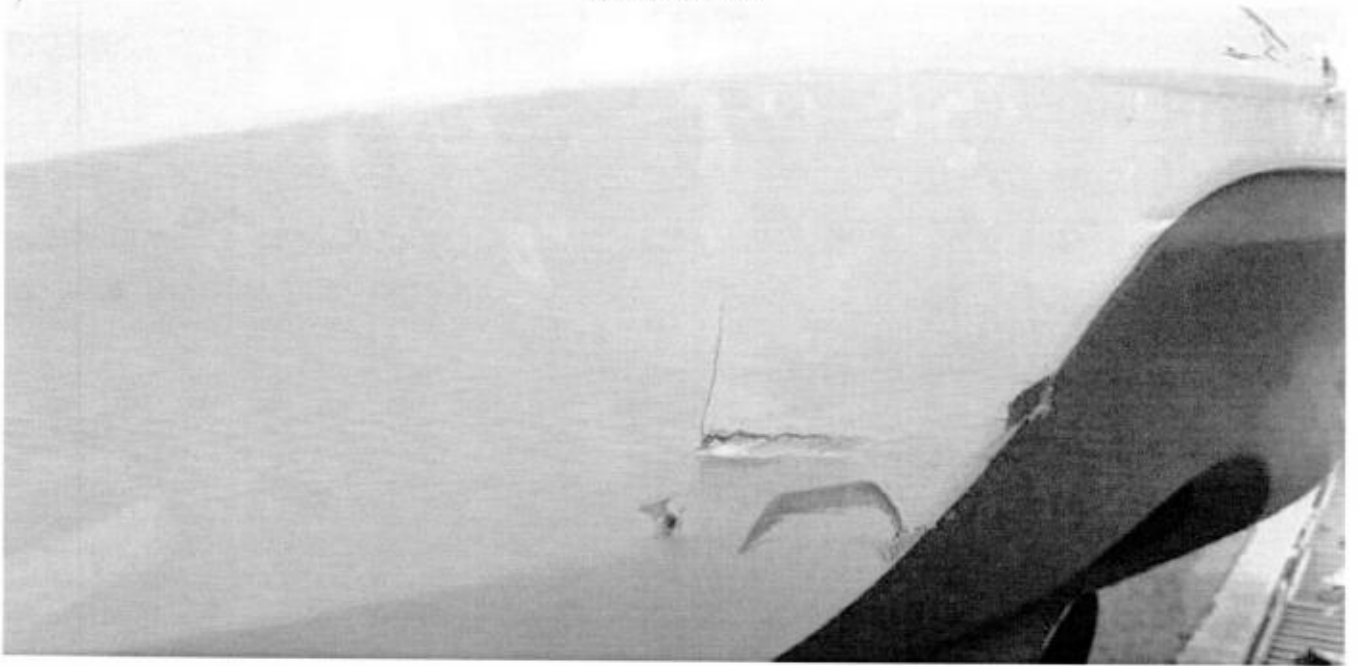
PASS DATE
08 Dec 1997

NP 428A

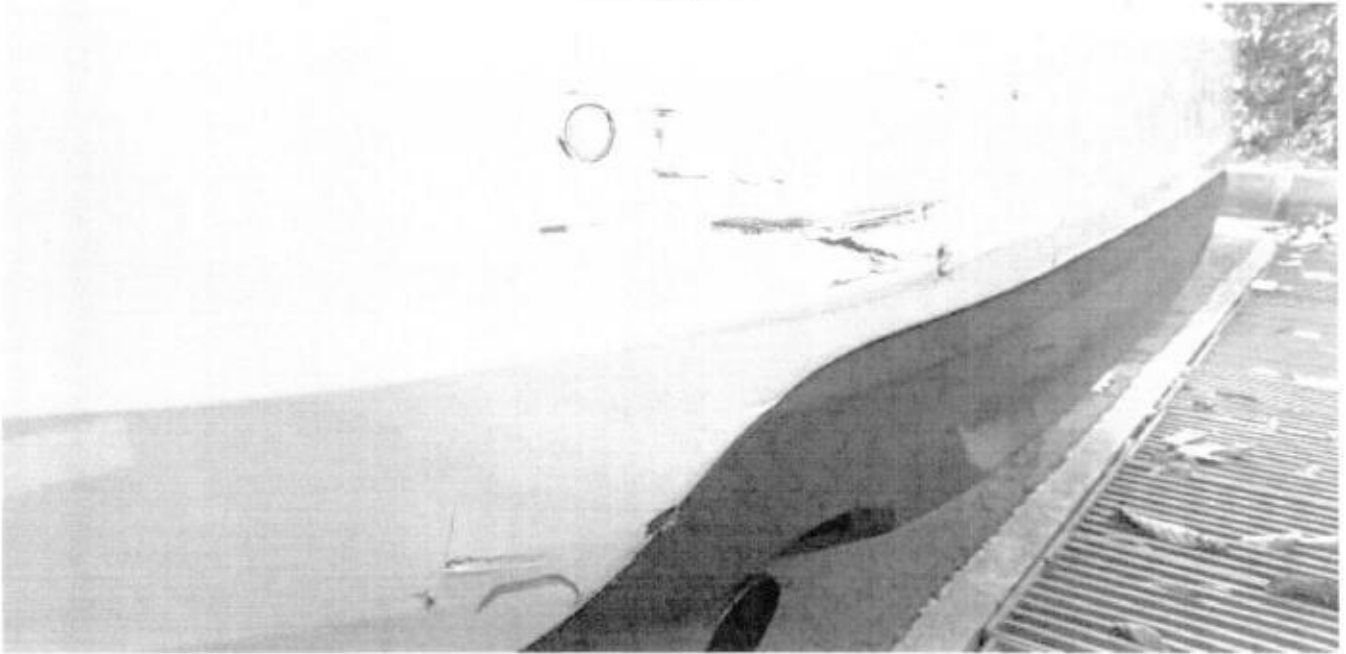


INSURED

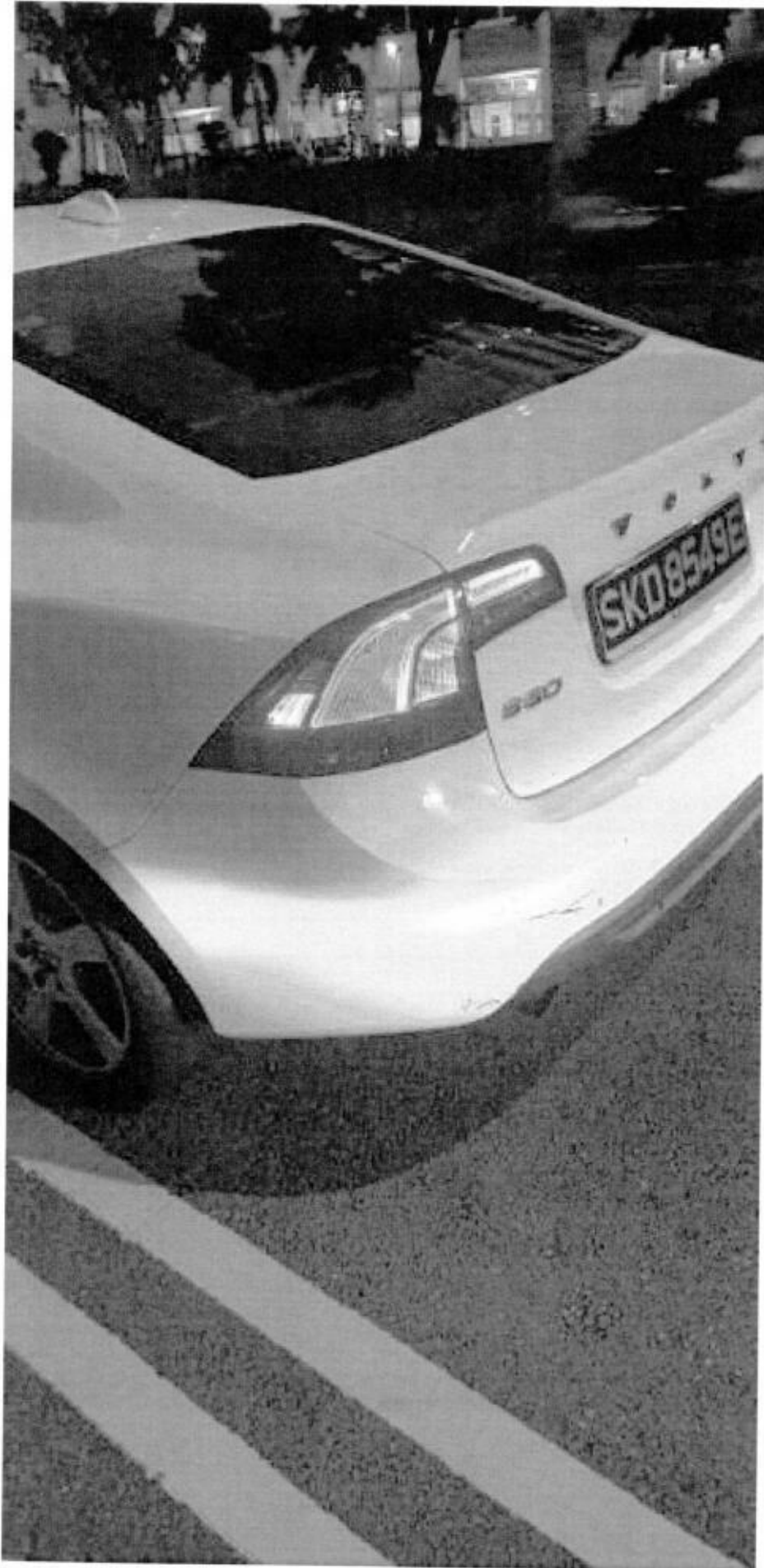
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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. : MCAB19018121 Vehicle Registration No. : SKD8549F
Name (as shown in NRIC) : GOH STEVEN

(*Vehicle Drive / Vehicle Owner) (*) Please delete as appropriate

NRIC/Passport No. : 57101860A
Address : _____
Contact (Tel) : _____ (H/P) : 97596967
Email : steven.goh@alcon.com
Date of Accident : 08/02/2019 Time of Accident : 0655 HRS
Place of Accident : SIMEI RD
Insurance Company : GREAT AMERICAN INSURANCE

(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:

From reporting only to third party claim:



Signature of Vehicle Owner/Driver

Date: 13/02/2019

10 Anson Road #06-16 International Plaza Singapore 079903 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm