

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	04/03/2019 18:09
Date Of Accident	03/03/2019 14:25
Exact Location Of Accident	ENTRANCCE OF JB CHECK POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5591U
Insured/Policyholder	
Name Of Registered Owner	GOH KIM HUAT
NRIC No	S7582943D
Email Address	GOH050711@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90608235
Alternative Phone No	OFFICE-90608235

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 (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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	GOH KIM HUAT
NRIC No	S7582943D
Date Of Birth	01/03/1975
Occupation	INDOOR
Date Of Driving Pass	06/11/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90608235
Fax Number	
Contact Number	OFFICE-90608235
Email Address	GOH050711@GMAIL.COM

Address -
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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) 5
 Passenger 1
 NAME: : LIM SIEW YEE
 GENDER: : FEMALE
 Passenger 2
 NAME: : GOH XIN YUE
 GENDER: : FEMALE
 Passenger 3
 NAME: : GOH ZHEN YUE
 GENDER: : FEMALE
 Passenger 4
 NAME: : GOH YAN ZHENG
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name WOODLANDS EAST N.P.C
 Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS ANNEX D&E POLICE REPORT NO. L/20190304/2061

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	SJY630G
Vehicle Make/Model/Colour	NISSAN QASHQAI+2 / SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LADY DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


Sketch Plan Pg. 1

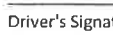
Vehicle Number: SLV 11911


SKETCH PLAN

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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:

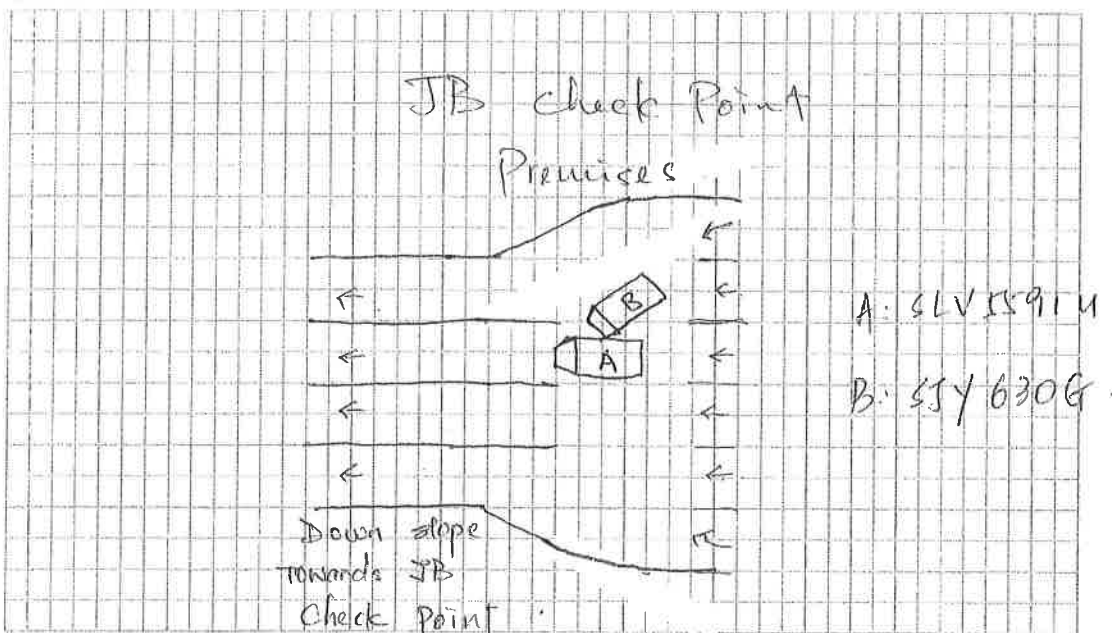

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/NGC Sketch Plan Form V3

Sketch Plan Pg. 2

Vehicle Number: SLV 55914

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As police report no :

*Statement recorded in _____ language by driver.

*Own Damage (OD) Claim submission must be proceeded within 14 Days from Date of Accident.

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.:



**SINGAPORE
POLICE FORCE**



L/20190304/2061

1 of 2

POLICE REPORT (NP299)

Report No. L/20190304/2061

Police Station Of Origin
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

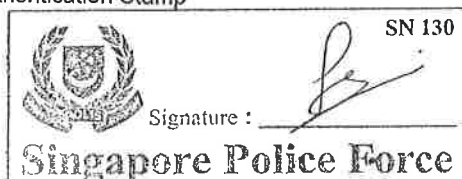
Date/Time Report Made 04/03/2019 13:47	Vide Report No. L/20190304/2053	Station Diary No. 72
Name Of Informant GOH KIM HUAT	Address APT BLK 737 WOODLANDS CIRCLE #05-475 SINGAPORE 730737	
ID Type / ID No. NRIC NO / S7582943D	Contact No. Home/Office	Mobile 90608235
Nationality MALAYSIAN	Email Address	
Occupation MANAGER	Sex Male	Age 44
Institution/School Name	Date of Birth 01/03/1975	Race Chinese
Date/Time Of Incident 03/03/2019 14:25	Location Of Incident Johor Bahru MALAYSIA	

Brief details.

On 03/03/2019 at about 1424hrs, I was driving my car (SLV5591U) in Malaysia, Johor Bahru. My wife and three children were the passengers.

While driving, another car (SJY630G) knocked against the side of my car (driver side). I signalled to her to stop, but she did not. She drove off subsequently. No one was injured. There are scratches at the driver's side of my car.

Signature Of Officer Recording The Report: L / Sgt 2 SER WEN LIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/03/2019 13:47
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Staff Sgt LIM JIA QING Contact No.: 64660000	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20190304/2061

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190304/2061

I am lodging this Police report for insurance purpose.

Signature Of Officer Recording The Report:

L / Sgt 2 SER WEN LIANG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
L / Woodlands Police Divisional Investigation Branch /
Staff Sgt LIM JIA QING
Contact No.: 64660000

Signature Of Informant:

Date/Time:
04/03/2019 13:47

Classification Of Case:

Authentication Stamp

