



SINGAPORE POLICE FORCE



T/20190324/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190324/7005

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 24/03/2019 14:12 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant: ALEX GOH WEE TONG | | | Address: APT BLK 334 TAMPINES STREET 32 #10-520 SINGAPORE 520334 | | |
| ID Type / ID No.: NRIC NO / S6835325D | | | Contact No.: Home/Office: Mobile: 82821142 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: alex82821142@gmail.com | | |
| Sex: Male | Age: 50 | Date of Birth: 17/09/1968 | Type of Informant: Vehicle Owner | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Real estate agent | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 23/03/2019 14:00 | Type of Location: Straight Road |
| Location: TAMPINES AVENUE 7 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Controlled by Others e.g. Workmen | | Traffic Volume: Heavy |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------------|----------|-------|-------------------|-----------------|
| SLJ5088U | Car | MERCEDES BENZ | mercedes | Grey | Seriously Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---------------------------------------|-----------------|------------|-------------|
| SLJ5088U | TOKIO MARINE INSURANCE SINGAPORE LTD. | 18-MU008704-R01 | 06/08/2018 | 05/08/2019 |



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Report No. T/20190324/7005

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|---------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Vehicle Owner | | | |
| Name | ALEX GOH WEE TONG | ID No. | S6835325D |
| Related Vehicle | SLJ5088U (Car) | Contact No. | 82821142 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 23/03/2019 | Date Discharge | 23/03/2019 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |

Brief Details.

On 23 March 2019 at 2Pm i drove slowly along Tampines ave 7 heading near a bus stop as there are Road work barricades on both side of the road leaving only one lane for all transport to move. I stop my car is because the lorry front stop. A few seconds later i heard a loud bang on the rear of my car . I went out and i saw A Hyundai i45 car bang my car and the driver move to another lane and stop before the barricades. I felt pain on my back of my head and gotten a 5 day MC from a doctor



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CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHAH RUL NIZAM BIN SAMARRI
Contact No.: 65476904

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
24/03/2019 14:12

Classification Of Case:

Authentication Stamp

NP168



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6835325D



Name

ALEX GOH WEE TONG

吳煊鋒

Race

CHINESE

Date of birth

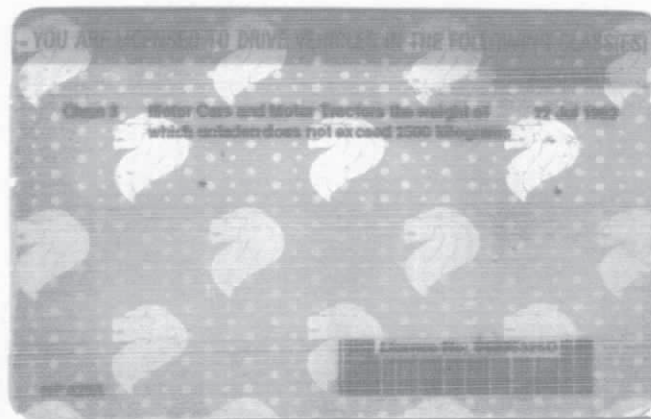
17-09-1968

Country/Place of birth

SINGAPORE

Sex

M



5620906



NRIC No: S6835325D



Date of issue

12-07-2016

Address

APT BLK 334 TAMPINES STREET 32
#10-520
SINGAPORE 520334

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 | 25/03/2019 12:22 |
| Date Of Accident | 23/03/2019 14:00 |
| Exact Location Of Accident | TAMPINES AVENUE 7 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLJ5088U |
| Insured/Policyholder | |
| Name Of Registered Owner | ALEX GOH WEE TONG |
| NRIC No | S6835325D |
| Email Address | ALEX82821142@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-82821142 |
| Alternative Phone No | OTHERS-82821142 |

Vehicle Particulars

| | |
|--------------|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | E250-1.8 (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 | 18-MU008704-R01 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | ALEX GOH WEE TONG |
| NRIC No | S6835325D |
| Date Of Birth | 17/09/1968 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/07/1992 |
| Driving Experience | 26 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82821142 |
| Fax Number | |
| Contact Number | OTHERS-82821142 |
| Email Address | ALEX82821142@GMAIL.COM |

Address BLK 334 TAMPINES STREET 32 #10-520
SINGAPORE

Postcode 520334

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? 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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO WITH OWNER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLA4294U

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)

DETAILS OF INJURED PERSON 1

Name

ALEX GOH WEE TONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLJ5088U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

GOH WEE TONG

SKETCH PLAN

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 willful 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 does not constitute 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. The report will be forwarded by the insurers to the RIA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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)

(9) My insurer, my workplace, and the General Insurance Association of Singapore ("GIA") may have permitted to collect, use, disclose or for process any personal data/personal information put out to the [Name] and my other personal information provided by me or person(s) to my insurer or collectively use "Personal Information" and disclose and/or use and/or put out and/or information to all person(s) who have consented to be involved in this accident (all fragments) who have insurance policy(s) involved in this accident shall be collectively referred to as the "Insured(s)", the Insured(s) may have informed the Monetary Authority of Singapore and my relevant government authorities (such as the police) for they may solely (9)

(b) carrying out or/or dealing with my instructions or responding to my enquiries by mail

By determining the way that the above has been implemented, we can understand the reasons why the above has been implemented, which may involve disclosure of cost information, and the way that the delivery of the service has been implemented, which may involve disclosure of cost information, and the way that the delivery of the service has been implemented, which may involve disclosure of cost information.

(iv) dealing with applying a law to a particular case, perceiving, identifying and dealing with a problem (effectively the 'Purposes')

(c) All the adults who have raised children involved in this incident and the normal, everyday activities, whether permitted or not, that they engaged with, as parents and the group, in the period of time, as set out in the above paragraph and

my personal information may also be disclosed by any of the licensed entities and to those third party service providers who are assisting in the delivery of the services, which may or may not include the use of the information for purposes of direct marketing.

2.9. my Personal Information will not be sold or lent to any third party, except for the purpose of this assignment, investigation and management in present and all future plans.

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Reporting Officer's Signature and
Name:
NRIC/EIN No.: 11N11

Sketch Plan #2

SKETCH PLAN

| Vehicle | |
|---------|--|
| A - | |
| B - | |

refer to attach

| Legend | |
|---|---|
|  |  |
| Vehicle | Motorcycle |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer - to entire report.

DECLARATION

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

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against you so claim must be made within a stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature _____

Date & Time:

12-28-41

5/10/22

Driver's Signature _____

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIE/FIN NO.:

Handwritten:

Sketch Plan #3

Accident Date - 22 Nov 2019

Time - 2 pm

Mr. C. J. Pate. C L 3503361

