

## 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	28/03/2019 15:48
Date Of Accident	27/03/2019 19:30
Exact Location Of Accident	JUNCTION OF CLEMENTI ROAD AND DOVER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ5062R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	K-XPRESS AV SOLUTIONS
Co Reg No	53058483B
Email Address	KELVIN@K-AVLSOLUTIONS.COM
Mobile Phone No	(LOCAL) +65-94239968
Alternative Phone No	OFFICE-94239968

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094274900-01
Cover Note Number	

### Driver

Name of Driver	GOH JOO KWAN (WU RUGUANG)
NRIC No	S7610526Z
Date Of Birth	06/04/1976
Occupation	INDOOR
Date Of Driving Pass	01/06/2000
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94239968
Fax Number	
Contact Number	OTHERS-94239968
EEmail Address	KELVIN@K-AVLSOLUTIONS.COM

Address	BLK 423 CLEMENTI AVENUE 1 #04-327
Postcode	120423
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	KRETA AYER NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> 32 NORTH CANAL ROAD , <b>POSTCODE:</b> 059282 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5359999 - <b>FAX NO:</b> 62362541
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190327/2175

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA7303U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHER BENG JONATHAN
NRIC/Passport Number	S7920289D
Contact Number	97834758
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name GOH JOO KWAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GQ5062R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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. The 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 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.

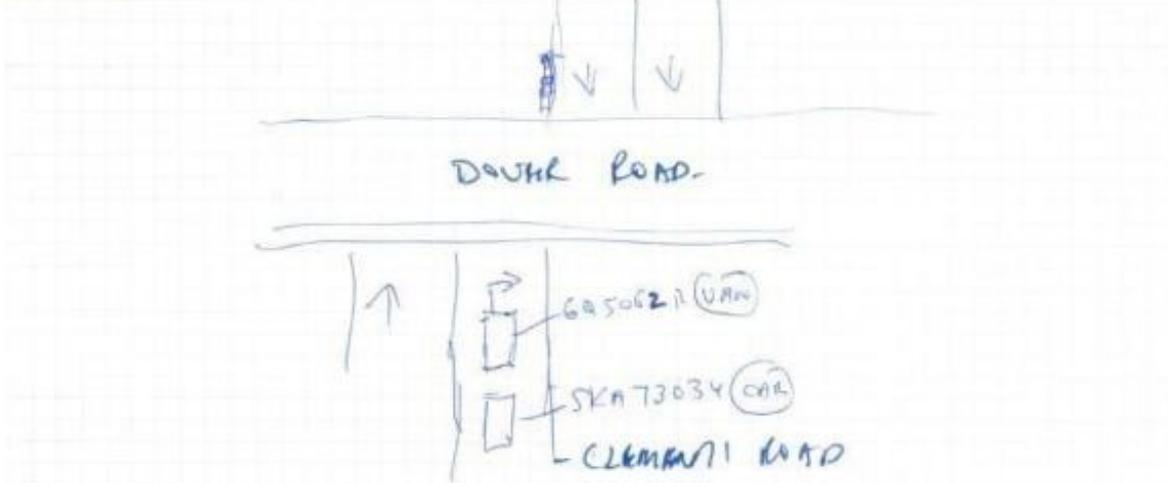
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Ref. Report to Police Report  
7/20/90327/2175*

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

*[Signature]* 28/03/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190327/2175

Police Station Of Origin:  
Kreta Ayer NPP  
32 North Canal Road SINGAPORE 059282  
Tel No: 1800-5359999

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Report No. T/20190327/2175

CONTINUATION OF REPORT

Driver			
Name	GOH JOO KWAN	ID No.	S7610526Z
Related Vehicle	GQ5062R (Van)	Contact No.	94239968
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	Slight
Driver			
Name	TAN CHER BENG JONATHAN	ID No.	S7920289D
Related Vehicle	SKA7303U (Car)	Contact No.	97834758
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 27/3/19 at about 1915hrs, I was driving my van ( GQ5062R) along Clementi Road turning right towards Dover Road. As I was about to turn right, the arrow started to turn amber and I gradually stop. After I stopped, a car ( SKA7303U ) knocked me from the back of my car and the impact was quite huge. I then came down the car and started to talk to him regarding the incident. The driver admitted that it was his fault and we started to exchange particulars and photos of vehicle were taken. Subsequently, I told him that I will come to make a police report regarding this matter and he acknowledged. I started to feel giddy after awhile as well, I will go to see a doctor after lodging this report. The driver was not injured. I have a CCTV footage from my car camera regarding this incident. There is a damage on my car back rear door and bumper was cracked. That's all.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190327/2175

Police Station Of Origin:  
Kreta Ayer NPP  
32 North Canal Road SINGAPORE 059282  
Tel No: 1800-5359999

3 of 3

Report No. T/20190327/2175

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: A / Sgt 2 DARREN NG CHUAN ZHEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/03/2019 20:43
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	

## INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

**Business Profile (Business) of K-XPRESS AV SOLUTIONS (53058483B)**

Date: 28/03/2019

**The Following Are The Brief Particulars of :**

Name of Business	: K-XPRESS AV SOLUTIONS
Former Name(s) if any	: K COMPUTER SERVICES
Date of Change of Name	: 18/11/2009
Registration No.	: 53058483B
Registration Date	: 14/12/2005
Commencement Date	: 28/05/2006
Status of Business	: Live
Status Date	: 07/02/2019
Renewal Date	: 07/02/2019
Expiry Date	: 14/12/2019
Renewal via GIRO	: NO
Constitution of Business	: Sole-Proprietor
Principal Place of Business	: 29 WEST COAST CRESCENT #04-25 BLUE HORIZON SINGAPORE (128049)
Date of Change of Address	: 21/05/2010

**Principal Activities**

Activities (I)	: REPAIR AND MAINTENANCE OF COMPUTER HARDWARE, DATA PROCESSING EQUIPMENT AND COMPUTER PERIPHERALS (95110)
Description	:
Activities (II)	: OTHER PERSONAL SERVICE ACTIVITIES N.E.C. (96099)
Description	:

**Particulars of Authorised Representative(s)**

Name	ID	Nationality	Address	Address Source	Date of Appointment
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Authentication No. : B19205519X

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## INFORMATION RESOURCES

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**Business Profile (Business) of K-XPRESS AV SOLUTIONS (53058483B)**

Date: 28/03/2019

**Existing Sole-Proprietor(s) / Partner(s)**

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position
GOH JOO KWAN (WU RUGUANG)	S7810526Z	SINGAPORE CITIZEN	423 CLEMENTI AVENUE 1 #04-327 CASA CLEMENTI SINGAPORE (120423)	OSCARS	12/12/2005 Owner

**Withdrawn Partner(s)**

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
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**Abbreviation**

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

**Note :**

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit [www.acra.gov.sg](http://www.acra.gov.sg).

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES  
SINGAPORE

RECEIPT NO : ACRA190328166597

DATE : 28/03/2019

This is computer generated. Hence no signature required.



Authentication No : B19205519X

Page 2 of 2

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



**Accident Photo**



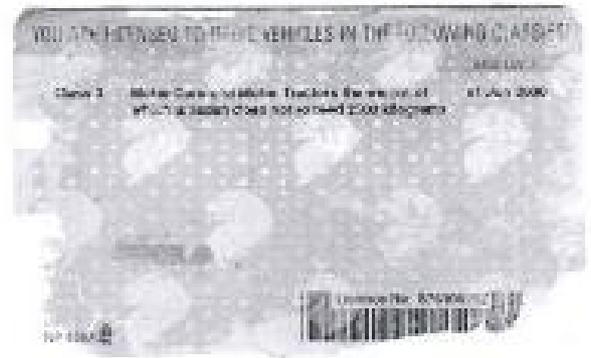
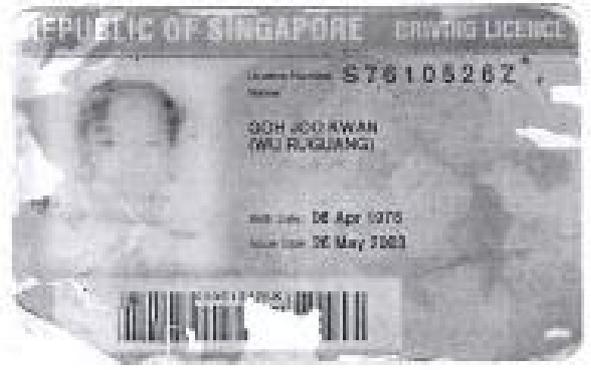
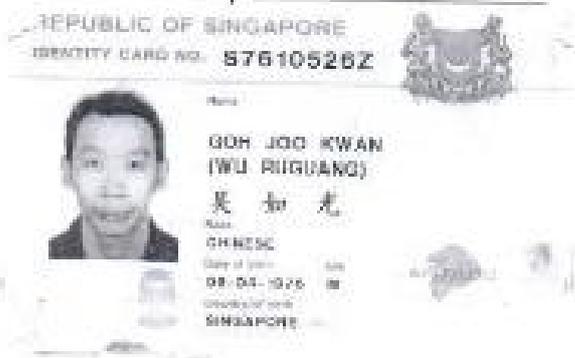
Accident Photo



Accident Photo



Identification Card



**Addendum Sheet**



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #28-00 Singapore 048580  
 Tel: (65) 6224 0010 Fax: (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN: S693500200 / GST Reg. No: M400017731

**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: MMA49040600 Vehicle Registration No: GQ5062R  
 Name (as shown in NRIC): 郭錦濤 (WU KUNTAO) NRIC/FIN/Passport No: S7610526Z

(\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 942399168

Email Address: \_\_\_\_\_

Date of Accident: 28/08/2019 Time of Accident: 19:30

Place of Accident: JUNCTION OF CLAMARTI ROAD AND DOCKR ROAD

Insurance Company: XINIC

**(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:

INSURED VEHICLE NUMBER TO GQ5062R

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature \_\_\_\_\_  
 Date: \_\_\_\_\_

[Signature]  
 Reporting Centre Personnel's Signature  
 Name: Rachel Watters  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: \_\_\_\_\_