

## 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	12/04/2019 14:39
Date Of Accident	10/04/2019 13:55
Exact Location Of Accident	TPE TWDS SLE NEAR TO TAMPINES COURTS MEGASTORE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ7047R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH YU HAO ALFIEZ
NRIC No	S9535528E
Email Address	ALFIEZGOH95@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82982998
Alternative Phone No	OTHERS-82982998

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100550164
Cover Note Number	

### Driver

Name of Driver	GOH YU HAO ALFIEZ
NRIC No	S9535528E
Date Of Birth	29/09/1995
Occupation	INDOOR
Date Of Driving Pass	12/01/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82982998
Fax Number	
Contact Number	OTHERS-82982998
Email Address	ALFIEZGOH95@GMAIL.COM

Address	BLK 127 SIMEI STREET 1 #05-306
Postcode	520127
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	6
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)	2
Passenger 1	NAME: : KRISTAL ONG LI JING GENDER: : FEMALE

#### 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

PLS REFER TO THE POLICE REPORT: T/20190411/2145

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT WORKING
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ3072S
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN  
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHC4157U  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number GBE7680R  
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SLN4337L  
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 GOH YU HAO ALFIEZ  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLZ7047R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name KRISTAL ONG LI JING  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLZ7047R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### 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.
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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.

11/4/19  
Policyholder's Signature  
Date & Time:

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

12/04/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

A - SL27047R

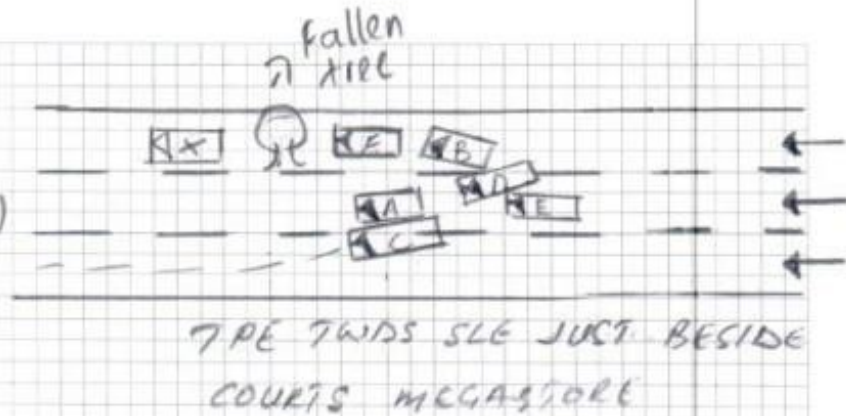
B - SJZ3072S

C - UNKNOWN (LORRY)

D - SHC4157U

E - GAE7680R

F - SLN4337L



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the police report: 7/00790411/2142*

## DECLARATION

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

*Almu* 11/4/19  
 Policyholder's Signature  
 Date & Time:

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

*shym* 12/04/19  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20190411/2146

Report No: T/20190411/2146

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ7047R	Car	HONDA	GRACE HYBRID 1.5LX AUTO	Silver	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLZ7047R	NTUC Income Insurance Co-Operative Limited	5100550164	16/05/2018	15/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH YU HAO ALFIEZ		ID No. S9535528E
Related Vehicle	SLZ7047R (Car)		Contact No. 82982998
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
Passenger			
Name	KRISTAL		ID No. NIL
Related Vehicle	SLZ7047R (Car)		Contact No. 96587758
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	Slight

### Brief Details.

On the 10/04/2019 at about 1355hrs, I was driving my vehicle (SLZ7047R) along TPE lane 1 toward SLE. All of a sudden, the vehicle(SJZ3072S) in front of me applied his brake. As I tried to react to it, my vehicle skid to the left. While my vehicle was skidding, one of the vehicle from lane 2 collided into the left side of my vehicle. The impact resulted my vehicle to move forward, causing it to collide into the vehicle (SJZ3072S).

Thereafter, I does not know anything about the accident. When I came down from the vehicle, I saw that there was a huge fallen tree in front of the vehicle (SLN4337L). I believed that earlier, the vehicle



Individual Statement

20190411/2145  
2 of 4



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C  
9 Simel Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20190411/2145

3 of 4

Report No. T/20190411/2145

CONTINUATION OF REPORT

(SLN4337L) might have applied brake on his vehicle to avoid the collision into the tree. This resulted the second vehicle (SJZ3072S) which was behind him to step on the brake as well.

I had went to see a doctor and was given 3 days of MC by the doctor. I had sustained some injuries on my wrist, head, lower back and neck. I had a passenger in my car during the point of accident. But I does not know what kind of injuries did she sustained. I like to state that during the point of accident. The floor was wet as it was raining heavily.

There were in-car camera installed in the front and rear of my vehicle. However due to the impact to my vehicle, all the in-car camera was not working.



**Accident Photo**



**Accident Photo**



**Accident Photo**



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





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Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190411/2145

1 of 4

Police Station Of Origin  
Changi N.P.C  
9 Simal Street 2 SINGAPORE 529814  
Tel No: 1800-5872999

Report No: T/20190411/2145

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2019 17:47	Vide Report No.:	Station Diary No.: 57
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### Informant's Particulars

Name of Informant: GOH YU HAO ALFIEZ		Address: APT BLK 127 SIMEI STREET 1 #05-306 SINGAPORE 520127	
ID Type / ID No.: NRIC NO / S8535528E		Contact No: Home/Office: Mobile: 82962908	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 28/09/1995	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury: Others	Drink Drive: No	Date/Time of Accident: 10/04/2019 13:55	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY SELETAR EXPRESSWAY TPE toward SLE near to Tampines Court Megastore				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume:	
Type of Collision: Chain Collision			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC4157U	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Maroon		0
SJZ3072S		KIA	SORENTO 2.4L EX AT ABS DIAB 2WD 5DR	Silver		0
SLN4337L	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Grey		0

# Accident Photo



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C  
9 Simsa Street 2 SINGAPORE 529914  
Tel No: 1800-8872999



T:20190411/2

Report No. T20190411/2

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLZ7047R	Car	HONDA	GRACE HYBRID 1.5LX AUTO	Silver	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLZ7047R	NTUC Income Insurance Co-Operative Limited	5100550154	16/05/2018	15/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH YU HAO ALFIEZ		ID No. 89535528E
Related Vehicle	SLZ7047R (Car)		Contact No. 82982998
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
Passenger			
Name	KRISTAL		ID No. NIL
Related Vehicle	SLZ7047R (Car)		Contact No. 98587758
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 Slight

### Brief Details.


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Accident Photo

SP/201/1808/001  
1st P.C.

 **SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C  
8 Simlai Street 2 SINGAPORE 539614  
Tel No: 1800-5872889

  
T/20180411/2145

3 of 4  
Report No. T/20180411/2145

**CONTINUATION OF REPORT**

(SLN4337L) might have applied brake on his vehicle to avoid the collision into the tree. This resulted the second vehicle (SLJ230728) which was behind him to step on the brake as well.

I had went to see a doctor and was given 3 days of MC by the doctor. I had sustained some injuries on my wrist, head, lower back and neck. I had a passenger in my car during the point of accident. But I does not know what kind of injuries did she sustained. I like to state that during the point of accident. The floor was wet as it was raining heavily.

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Accident Photo



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POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C  
8 Simel Street 2 SINGAPORE 520014  
Tel No: 1800-5872999



T/20190411/2145

4 of 4

Report No: T/20190411/2145

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:  
G/  
Sgt 2 CHOO WEI CHONG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/04/2019 17:47

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No: 65472078

Classification Of Case:

Authentication Stamp  
NP185



**SINGAPORE  
POLICE FORCE**

SIGNATURE