

## 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	18/04/2019 14:50
Date Of Accident	17/04/2019 18:00
Exact Location Of Accident	AYE TWDS TUAS CHECK POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8630R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH SWEE LENG
NRIC No	S2564977Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97976900
Alternative Phone No	OFFICE-97976900

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10076474R00
Cover Note Number	

### Driver

Name of Driver	GOH SWEE LENG
NRIC No	S2564977Z
Date Of Birth	11/05/1963
Occupation	INDOOR
Date Of Driving Pass	07/01/1989
Driving Experience	30 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97976900
Fax Number	
Contact Number	OFFICE-97976900
E-Mail Address	NOEMAIL

Address	BLK 636 JURONG WEST ST 65 #16-358
Postcode	640636
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JNX9891 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
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	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20190418/2027.

#### 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	JNX9891
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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

SFY786M

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE C

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)



## Sketch Plan Pg. 1

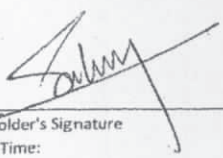
### SKETCH PLAN

#### 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.
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. 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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

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**



T/20190418/2027

1 of 3

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

Report No. T/20190418/2027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/04/2019 10:24	Vide Report No.: J/20190417/0077	Station Diary No.: 183
--	-------------------------------------	---------------------------

**Informant's Particulars**

Name of Informant: GOH SWEE LENG			Address: APT BLK 636 JURONG WEST STREET 65 #16-358 SINGAPORE 640636		
ID Type / ID No.: NRIC NO / S2564977Z			Contact No.: Home/Office: Mobile: 97976900		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 55	Date of Birth: 11/05/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/04/2019 18:00	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY  On AYE(TUAS) 26KM towards Tuas Checkpoint. Lamppost 579 Lamp Post Number: 579				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
JNX9891	Car	HONDA	CIVIC	White	Seriously Damaged	0
SFY786M	Car	MERCEDES BENZ	E 200 BLUEEFFICIENCY	Brown		3
SJR8630R	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Silver	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**

T/20190418/2027

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

2 of 3

Report No. T/20190418/2027

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SJR8630R	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10076474R00	22/08/2018	15/07/2019

**Brief Details.**

On 17/04/2019 at around 1800hrs, I was in my vehicle (SJR8630R, Silver Toyota Camry) along AYE towards Tuas checkpoint. My vehicle was stationary as there was a traffic jam towards the checkpoint. Suddenly, I felt an impact from my rear. I alighted to make a check and realised that the vehicle (JNX9891, White Honda) behind me collided with mine. The vehicle (SFY786M, Maroon Mercedes) that was behind JNX9891 caused the chain collision.

Shortly after, Traffic Police attended to us and the officer seized my in-car camera's SD card. I was instructed to lodge a traffic accident report regarding this accident.

Due to the collision, the part of my car's rear bumper broke and was dented. There was nobody injured, no government property involved. Vide incident: J/20190417/0077

**SINGAPORE  
POLICE FORCE**

T/20190418/2027

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

3 of 3

Report No. T/20190418/2027

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:  
L /  
Sgt 2 CHONG HUI LUN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SUFIYAN BIN KHAIRI  
Contact No.: 65476390

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
18/04/2019 10:24

Classification Of Case:



## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport/Company  
Cert No.: S2564977Z

Owner ID Type: Singapore NRIC

Owner Name: GOH SWEE LENG

Registered Address: APT BLK 636 JURONG WEST STREET 65 #16-358 SINGAPORE 640636

Mailing Address: -

Birth Date: 11 May 1963

### Vehicle Particulars

Vehicle No.: SJR8630R

Previous Vehicle No.: -

Effective Date of  
Ownership: 23 Aug 2017

Original Regn Date: 16 Jul 2009

Registration Date: 16 Jul 2009

Year of Manufacture: 2009

Vehicle Type: Passenger Motor Car

Vehicle Scheme: -

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: TOYOTA

Vehicle Model: CAMRY 2.0 AUTO ABS AIRBAG

Primary Colour: Silver

Secondary Colour: -

Passenger Capacity: 4

Chassis No.: MR053BK4107046673

Engine No.: 1AZE139821

Engine Capacity/Power  
Rating: 1998 cc / -

Maximum Power Output: 108.0 kW (144 bhp)

Propellant: Petrol

Max Unladen Weight: 1530 kg

Maximum Laden Weight: 1970 kg

Open Market Value: \$26,727.00

PARF Eligibility: Yes

PARF Eligibility Expiry  
Date: 15 Jul 2019

Minimum PARF Benefit: \$13,363.00

No. of Transfers: 1

IU Label No.: 1123357138

COE No.: 2009080103000602G

COE Expiry Date: 15 Jul 2019

COE Category: B - Car (1601cc & above)

COE Registration  
Category: B - Car (1601cc & above)

Quota Premium (QP) /  
Prevailing Quota: \$16,801.00 / -