

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	26/11/2019 13:57
Date Of Accident	26/11/2019 08:55
Exact Location Of Accident	PIE OPPOSITE BLK 102 JALAN RAJAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV3335E
Insured/Policyholder	
Name Of Registered Owner	HYMS CAR LEASING PTE LTD
Co Reg No	201320561K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83336725

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID
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 HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMHCSN19304719000
Cover Note Number	

Driver

Name of Driver	GIOVANNI GOLDHORN
NRIC No	S2726198A
Date Of Birth	30/08/1955
Occupation	OUTDOOR
Date Of Driving Pass	09/01/1998
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90174038
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 146 WOODLANDS STREET 13 #03-911
Postcode	730146
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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: : TOMMY GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH CENTRAL
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20191126/2074.

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	SHA7945C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ABDUL RAHIM BIN SUPARI
NRIC/Passport Number	S1301106J
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLC7955R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 96915810
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLR2083K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TRAN LAN ANH
NRIC/Passport Number S8575717B
Contact Number 98328671
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GIOVANNI GOLDBORN
Approximate Age 64
Injuries Sustain
Injured person in which vehicle? SJV3335E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address BLK 146 WOODLANDS STREET 13
#03-911
Postcode 730146

SKETCH PLAN

IMPORTANT NOTICE

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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:

26 NOV 2019

13:57hr

Driver's Signature

(If driver is not the policyholder)

Date & Time:

26 NOV 2019

13:57hr

Reporting Centre Personnel's Signature

Name:

Poh Kwee Choo

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

Along PLE

Veh A : SJV3335E
 Veh B : SHA7945C
 Veh C : SLR7955R
 Veh D : SLR2083K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached Police Report.

DECLARATION

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

Policyholder's Signature
 Date & Time: 26 NOV 2019

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 26 NOV 2019

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191126/2074

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20191126/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2019 13:04		Vide Report No.:		Station Diary No.: 79
Informant's Particulars				
Name of Informant: GIOVANNI GOLDHORN		Address: APT BLK 146 WOODLANDS STREET 13 #03-911 SINGAPORE 730146		
ID Type / ID No.: NRIC NO / S2726198A		Contact No.: Home/Office: Mobile: 90174038		
Nationality: SWISS		Email:		
Sex: Male	Age: 64	Date of Birth: 30/08/1955	Type of Informant: Driver	
Race: European-English		Language:	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER		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: 26/11/2019 08:55	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY LANE 1 OF PAN ISLAND EXPRESSWAY, OPPOSITE BLK 102 JALAN RAJAH				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Heavy		
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
SHA7945C	Car	HYUNDAI	I40	Blue	Seriously Damaged	1
SJV3335E	Car	TOYOTA	NOAH	White	Seriously Damaged	1
SLC7955R	Car	HONDA	VEZEL	White	Seriously Damaged	0
SLR2083K	Car	HONDA	VEZEL	Red	Seriously Damaged	0

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20191126/2074

2 of 4

Report No. T/20191126/2074

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL RAHIM BIN SUPARI	ID No.	S1301106J
Related Vehicle	SHA7945C (Car)	Contact No.	NIL
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
Driver			
Name	GIOVANNI GOLDHORN	ID No.	S2726198A
Related Vehicle	SJV3335E (Car)	Contact No.	90174038
Hospital/Clinic	FINEST HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	NG JUIN MING	ID No.	S8208461D
Related Vehicle	SLC7955R (Car)	Contact No.	96915810
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

POLICE REPORT Pg. 3



**SINGAPORE
POLICE FORCE**



T/20191126/2074

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 4

Report No. T/20191126/2074

CONTINUATION OF REPORT

Driver			
Name	TRAN LAN ANH		ID No. S8575717B
Related Vehicle	SLR2083K (Car)		Contact No. 98328671
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 26/11/2019 at about 0855hrs, I was travelling on the first lane of Pan Island Expressway. I had a passenger onboard my vehicle (SJV3335E).

My vehicle had came to a complete stop, just opposite Blk 102 Jalan Rajah. Suddenly, I felt an impact from the rear of my vehicle, before it surged forward and collided onto the vehicle (V2 - SLR2083K) in front of mine.

I alighted to make a check and discovered that my vehicle was involved in a chain collision of four cars. My vehicle was the third in the chain. Due to the impact from my vehicle, V2 had similarly surged forward and collided onto the vehicle (V1 - SLR2083K) in front of it. The last vehicle (V4 - SHA7945C) in the collision is a Comfort Delgro taxi.

All four vehicles were seen to be seriously damaged. My vehicle and V4 were being towed away. No one was injured at the time of the accident.

I felt discomfort after the accident as such I went to consult the doctor and was given 5 days of medical leave.

There is an in-car camera in my vehicle which had captured the accident.



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T/20191126/2074

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4 of 4

Report No. T/20191126/2074

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: E / Sgt 3 SHALYN GOH HWEE LING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/11/2019 13:04
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No : 65476204	Classification Of Case:
 Authentication Stamp NP168	
 SIGNATURE	