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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	09/12/2019 18:55
Date Of Accident	06/12/2019 22:45
Exact Location Of Accident	LOR LIPUT CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA8937J
Insured/Policyholder	
Name Of Registered Owner	GOH LIAN SOON GILBERT (WU LIANSHUN GILBERT)
NRIC No	S7733372Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88007701
Alternative Phone No	OFFICE-88007701
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101296052-01
Cover Note Number	
Driver	
Name of Driver	GOH LIAN SOON GILBERT (WU LIANSHUN GILBERT)
NRIC No	S7733372Z

 NRIC No
 \$7733372Z

 Date Of Birth
 11/11/1977

 Occupation
 INDOOR

 Date Of Driving Pass
 02/10/2017

Driving Experience 2 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88007701

Fax Number

Contact Number OFFICE-88007701

EMail Address NOEMAIL

Address BLK 433B SENGKANG WEST WAY

#12-537

Postcode 792433

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? NO

Was any injured conveyed to hospital by

ambulance?

Passenger 1

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Was any other material or property damaged?

Number of Passengers (Including Driver)

2

NAME: : -

IVAIVIL. . -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

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?

If Yes, against whom?

TEL NO. 03470000 - FAX NO.

Circumstances of Accident

REFER TO POLICE REPORT - T/20191209/7016.

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 SJH8666R

Vehicle Make/Model/Colour

erricle wake/woder/oord

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 19

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6 The seport 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.
- By the kidgment 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 incorporation.
 - 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 making of correspondence, statements, invoices, reports or notices to me, which could invoive 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 filstory 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:
 - 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:

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Accident Sketch Plan

	Vehille A: SKABA373 Lowing liput
	VOMING F: 3748666 R.
	A A
DESCRIB	E CIRCUMSTANCES OF THE ACCIDENT
	- Reter to Police Report -
	Total report
-	
	*
DECLAR	ATION .
DECLARA	ATION Aregoing particulars are true in every respect.
//	THAT THE

Scanned by CamScanner

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20191209/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2019 16:41		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	TO THE THE PERSON		
Name of Informant: GOH LIAN SOON GILBERT			Address: APT BLK 433B SENGKANG WEST WAY #12-537 SINGAPORE 792433		
ID Type / ID No.: NRIC NO / S7733372Z		72Z	Contact No.: Home/Office:	Mobile: 88007701	
Nationality: SINGAPORE CITIZEN		EN	Email: goh.gilbert@gmail.com		
Sex: Age: Date of Birth: Male 42 11/11/1977			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/12/2019 22:45	Type of Location Car Park
Location: LORONG LIF Weather: Clear	UT	Road Surface:		Road Speed Limit:
Cicai	Traffic Flow: One Way			
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJH8666R	Car	TOYOTA	WISH	White	Slightly Damaged	0
SKA8937J	Car	KIA	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR	Blue	Slightly Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	

Police Report





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

2 of 3 Report No. T/20191209/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA8937J	NTUC Income Insurance Co-Operative Limited	5101296052-01	13/10/2019	12/10/2020

Details of Perso	n Involved	and Silver	THE STREET	1000	Lane 186	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Driver	TOTAL STREET	250 1920		SOFT	- Dott	SISTEMATICAL PROPERTY.
Name	GOH LIAN SOON	GOH LIAN SOON GILBERT		ID No	-	S7733372Z
Related Vehicle	SKA8937J (Car)			Conta	ct No.	88007701
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date			harge	NIL	
No. of Days gran	NIL	Degree of		NIL		

Brief Details.

ON 06/12/2019 AT ABOUT 22:46HR, I WAS WAITING TO EXIT THE CARPARK OF HOLLAND VILLAGE WITH A PASSENGER IN MY VEHICLE. AS I WAS WAITING, SUDDENLY I FELT AN IMPACT ON MY VEHICLE'S REAR PORTION. I THEN ALIGHTED MY VEHICLE TO CHECK, BUT THE DRIVER OF SJH8666R, IGNORED AND DROVE OFF.

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191209/7016

CONTINUATION OF REPORT

100	1.		4		lan
-	κю	rc	n	\mathbf{P}	ıaπ

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2019 16:41
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp	





















