

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	03/01/2020 09:54
Date Of Accident	02/01/2020 13:30
Exact Location Of Accident	WOODLANDS AVENUE 3 & WOODLANDS CENTRE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2588C
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AE IONIQ HEV-1.6 (A)
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	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	GOH HANG CHUANG
NRIC No	SXXXX470C
Date Of Birth	10/03/1952
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1970
Driving Experience	49 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94312758
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 642 JURONG WEST STREET 61 #13-60 SINGAPORE
Postcode	640642
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	COLLISION - U-TURN
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?	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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT (T/20200103/2017)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH IO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD9388C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	WAN YIN WAI
NRIC/Passport Number	SXXXX501B
Contact Number	
Address	
Postcode	

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

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.

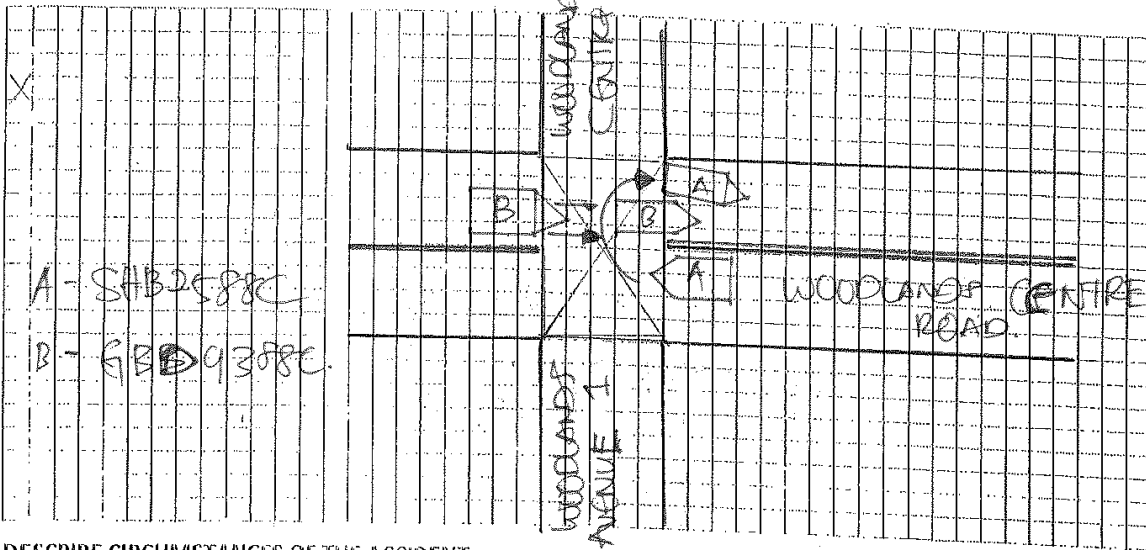
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: V.A.O.I.
NRIC/FIN No.:

Accident Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT → (T/20200103/2017):

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:



**SINGAPORE
POLICE FORCE**



T/20200103/2017

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20200103/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2020 07:51	Vide Report No.: L/20200102/0088	Station Diary No.: 22
--	-------------------------------------	--------------------------

Informant's Particulars			
Name of Informant: GOH HANG CHUANG		Address: APT BLK 642 JURONG WEST STREET 61 #13-60 SINGAPORE 640642	
ID Type / ID No.: NRIC NO / 809504700		Contact No.: Home/Office: Mobile: 94312758	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 10/03/1952	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/01/2020 13:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS AVENUE 3 WOODLANDS CENTRE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD9388C	Lorry				Slightly Damaged	0
SHB2588C	Car				Slightly Damaged	0



SINGAPORE
POLICE FORCE



T/20200103/2017

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20200103/2017

CONTINUATION OF REPORT

Brief Details.

On 02/01/2020 at about 1330hrs, I was driving my company taxi plate number SHB2588C along Woodlands Ave 3 and wanting to make a U-turn towards Marsiling MRT. At the point, traffic light was green in my favor and make a check on the opposite of traffic and is clear. I then move forward and make a U-turn. Suddenly, I felt an impact on my right centre portion. I then realized a lorry plate number GBD9388C had collided onto me and subsequently, the lorry swerve and hit onto the centre divider and electrical box.

We then proceed to exchange particulars and took some photo of the accident scene. Due to the accident, my vehicle was slightly damaged. No one was injured at the point of time.

Traffic Police was at scene and issued a case card to lodge a Traffic Accident Report. Government property was damaged.



**SINGAPORE
POLICE FORCE**



T/20200103/2017

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20200103/2017

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: J / Sgt 1 ONG JIE SHEN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / G/T / SI VILTON HIA WEE SIANG Contact No.: 65476228

Authentication Stamp
NP168

Signature Of Informant:
Date/Time: 03/01/2020 07:51
Classification Of Case:



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: L/2020 0102/0088

I, SS 7130033 ALIFF A.
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of TRAFFIC POLICE
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 one x Samsung 64GB evo plus memory card
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

from GOH HANG CHUAN, XXXXXXXXXXXX
(Name, NRIC or Passport No. / Rank and No.)
of 642 JURONG WEST ST 61 #13-60 S(640642)
(Address / Police Station / NPC / NPP)
on 02/01/2020 at 11:54
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

Goh Hang Chuan
(Signature)
(Name, NRIC or Passport No. / Rank and No.)

SS 7130033 ALIFF
(Signature)
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____



TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CARD

REPORT NO.: 2 4/2019 4/20260102/80
Traffic Accident along Wlands Ave 3 x curve rd
involving vehicles: _____
on _____ at about _____ am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPP Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic Police on _____
at about _____ am/pm to see the Investigation Officer to assist in the
investigation to the traffic accident.

2. Please bring along your :-

- a) Identity card/Passport/Work Permit
- b) Driving Licence/Vocational Licence
- c) Vehicle Insurance/Medical Certificate
- d) Any video footage
- e) Any other relevant documents/Witnesses (If any)

NP 168
accident report

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer.

Name: Byed

Contact: 6547 6090

Accident Photo



Accident Photo



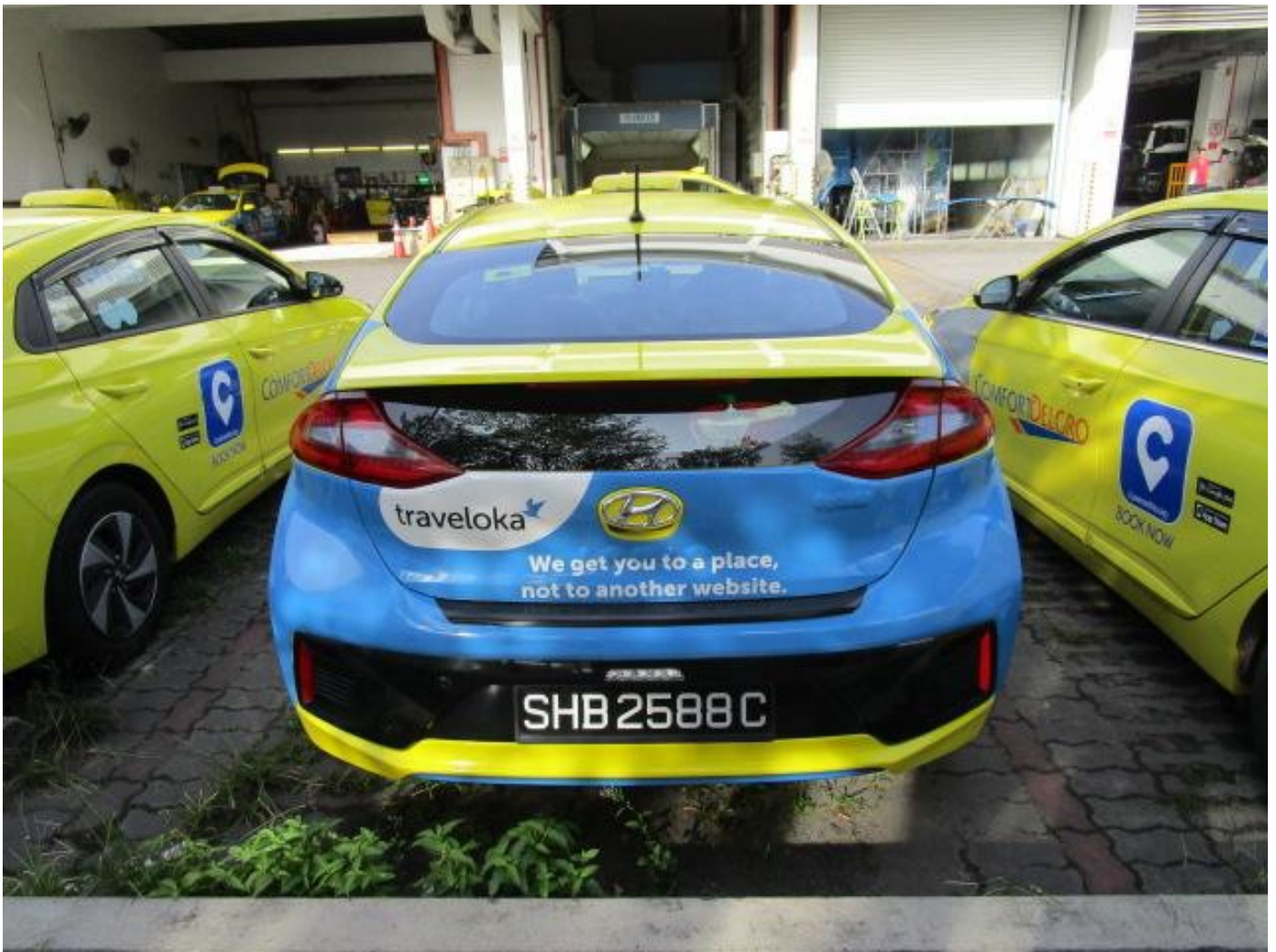
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



A blue car with a large dent on the side door. The car has a 'traveloka' logo and a 'WANTED IN SEOUL' sticker. A cartoon character is visible on the side of the car.

Accident Photo



Accident Photo



Accident Photo



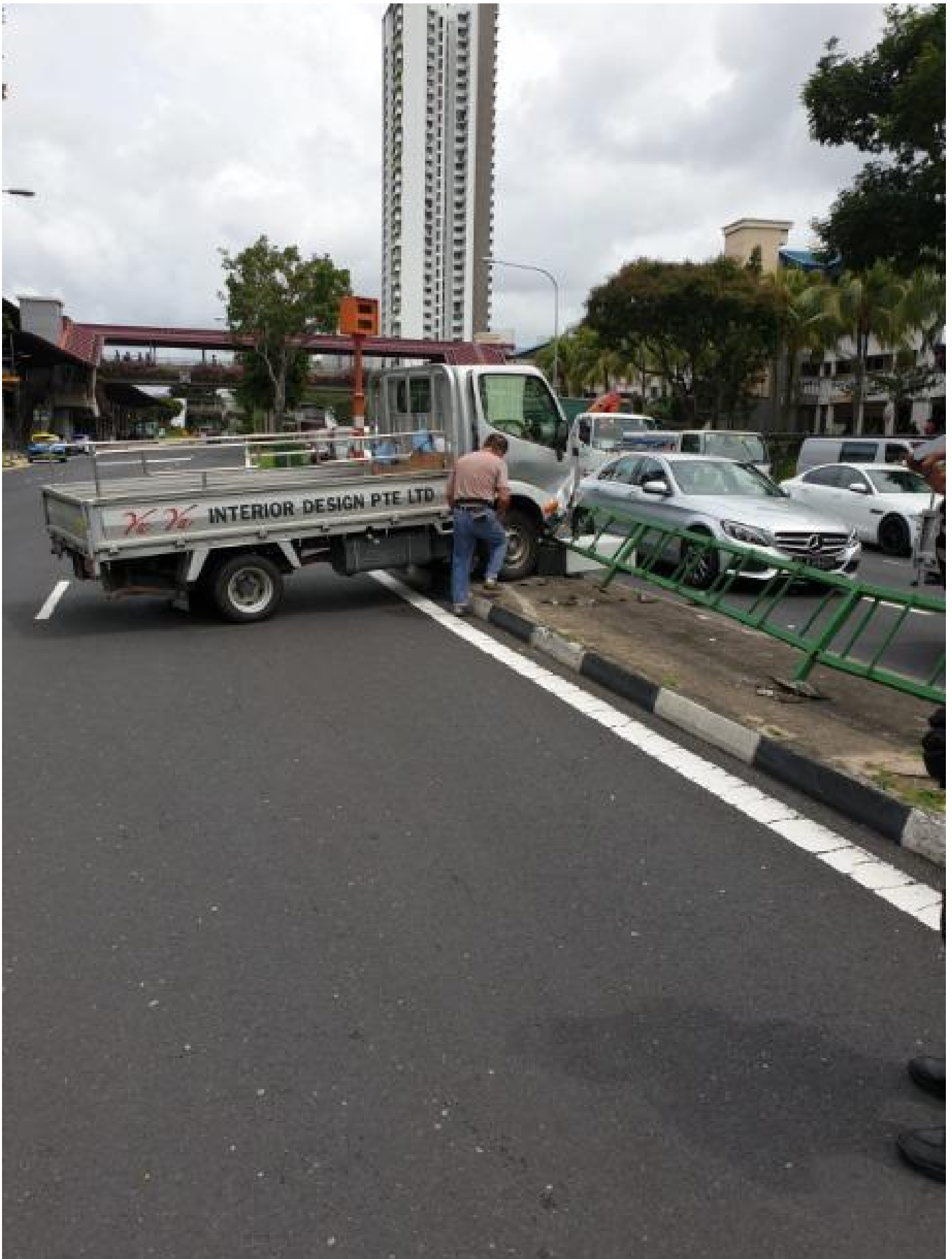
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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.: MSK120000813 Vehicle Registration No: SHB 2588C
Name(as shown in NRIC): GOH HONG CHUAN NRIC/FIN/Passport No: Sxxxx470C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : APT BLK 642 JURONG WEST STREET 61 #13-60 Singapore(640642)
Contact (Tel) : — Mobile No.: 94312758
Email Address : —
Date of Accident : 2/1/2020 Time of Accident : 13:30
Place of Accident : WOODLANDS AVENUE 3 & WOODLANDS GATEWAY ROAD.
Insurance Company: MS FIRST CAPITAL INSURANCE.

(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:

① ATTACH police reports.

Policyholder / Driver's Signature
Date: 2/1/2020

Reporting Centre Personnel's Signature
Name: VERA
NRIC/FIN No.:
Date: 2/1/2020