

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	07/01/2020 16:53
Date Of Accident	06/01/2020 18:00
Exact Location Of Accident	NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ7779X
Insured/Policyholder	
Name Of Registered Owner	GOH KWEE HUA
NRIC No	S1247363Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96961169
Alternative Phone No	Office-96961169

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E GRADE (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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	GOH KWEE HUA
NRIC No	S1247363Z
Date Of Birth	12/02/1957
Occupation	INDOOR
Date Of Driving Pass	12/10/2007
Driving Experience	12 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96961169
Fax Number	
Contact Number	OFFICE-96961169
EMail Address	NOEMAIL
Address	34 TANAH MERAH KECHIL ROAD #09-34
Postcode	465560
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	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20200106/2194.

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	SHC5297S
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TAXI

DETAILS OF INJURED PERSON 1	
Name	PASSENGER OF VEH B
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKQ7779X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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.



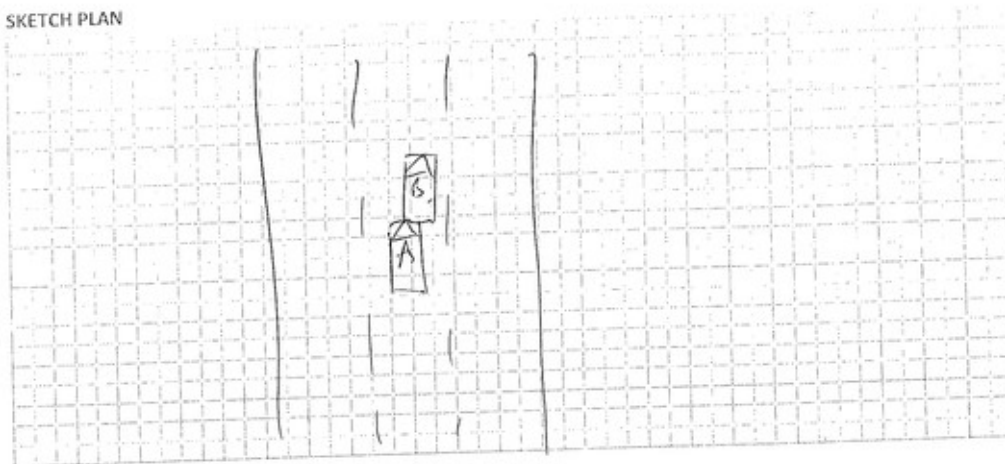
Policyholder's Signature
Date & Time:

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.

[Signature]

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.:

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : GOTI ENEE HUA
 VEHICLE NUMBER : SGR 7777X
 DATE/TIME OF ACCIDENT : 06/01/20 @ 1200HRS
 PLACE OF ACCIDENT : NEW UPPER CHANNEL RD
 THIRD PARTY VEHICLE (IF ANY) : SGR 5297S

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

From 24 Kallang Ave going home.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Head to Rear.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No injuries for me.

Name

I Affirmed The Above Information Is Given To My Best Knowledge.



**SINGAPORE
POLICE FORCE**



T/20200106/2194

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20200106/2194

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2020 20:17		Vide Report No.: G/20200106/0147		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: GOH KWEE HUA			Address: 34 TANAH MERAH KECHIL ROAD #09-34 SINGAPORE 465560		
ID Type / ID No.: NRIC NO / S1247363Z			Contact No.: Home/Office: Mobile: 96961169		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 62	Date of Birth: 12/02/1957	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Trade Compliant Officer			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/01/2020 18:00	Type of Location: Straight Road
Location: Along Road 1 NEW UPPER CHANGI ROAD In front of bus stop of Blk 184 Bedok North Road				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5297S	Car	RENAULT		Red	Slightly Damaged	1
SKQ7779X	Car	TOYOTA	VIOS E GRADE AUTO	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20200106/2194

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Report No. T/20200106/2194

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ7779X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800137299-01	26/12/2019	25/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Tay Meng Soon		ID No.	S1453936J
Related Vehicle	SHC5297S (Car)		Contact No.	98168756
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	GOH KWEE HUA		ID No.	S1247363Z
Related Vehicle	SKQ7779X (Car)		Contact No.	96961169
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, it was drizzling and the road was wet. There were ongoing construction along the stretch of the road. I was driving my vehicle SKQ7779X along New Upp Changi Road towards Tanah Merah MRT station direction and concentrating on the road due to the wet weather. I was driving on the center lane and I noticed another vehicle driving on my right coming close to my vehicle. As such, I was in a panic and was focusing at the vehicle on my right. When I turned my focus back to the front, there was a red color taxi in front of me and I immediately applied my brake. However, my vehicle collided into the rear left of the taxi.

After the accident, I alighted from my vehicle and approached the taxi. There was lady elderly passenger onboard and she informed that she was not feeling well. As such, I called for ambulance and Police.

That is all.

Sketch Plan #6



**SINGAPORE
POLICE FORCE**



T/20200106/2194

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20200106/2194

CONTINUATION OF REPORT

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200106/2194

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Report No. T/20200106/2194

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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 /
SI TAN ZHI QIN, BENJAMIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt LIM ENG KUAN, CLARENCE
Contact No: 65476195

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
06/01/2020 20:17

Classification Of Case:

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1247363Z



Name
GOH KWEE HUA

吴桂花

Race
CHINESE

Date of Birth
12-02-1957

Country of Birth
SINGAPORE

Sex
F

S1247363Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1247363Z

Name:

GOH KWEE HUA

Birth Date: 12 Feb 1957

Issue Date: 12 Oct 2007



NRIC No. S1247363Z



Blood Group: AB+
Date of issue: 19-01-1994

34 TANAH MERAH KECHIL ROAD #09-34
SINGAPORE 465560

NRIC No: S1247363Z

Date: 17-06-2002

No: 4254487

1604168

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg
with <= 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals <= 2500kg

12 Oct 2007



Licence No: S1247363Z

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

