

## 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	06/01/2020 14:57
Date Of Accident	02/01/2020 05:45
Exact Location Of Accident	CHOA CHU KANG WEST FLYOVER ENTERING KJE>TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP9835K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH PEI ZONG
NRIC No	S9115549D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82885033
Alternative Phone No	OTHERS-82885033

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113562427
Cover Note Number	

### Driver

Name of Driver	GOH PEI ZONG
NRIC No	S9115549D
Date Of Birth	01/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	09/02/2010
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82885033
Fax Number	
Contact Number	OTHERS-82885033
Email Address	NOEMAIL

Address	BLK 841 #03-127 JURONG WEST STREET 81
Postcode	640841
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	SIDE SWIPE
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : GRAB PASSENGER GENDER: : MALE

#### 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	<b>ROAD:</b> 2 JURONG WEST AVE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/201200103/2007;

#### 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	SHC923B
Vehicle Make/Model/Colour	MERCEDES BENZ / VIANO 2.2 CDI TREND LONG
Details Of Properties	
Vehicle Category	TAXI
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 SKC4036A  
Vehicle Make/Model/Colour KIA / CERATO FORTE 1.6 SX 6AT ABS D/AB 2WD 4DR  
Details Of Properties  
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 INJURED PERSON 1

Name GOH PEI ZONG  
Approximate Age 28  
Injuries Sustain  
Injured person in which vehicle? SMP9835K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address BLK 841 #03-127 JURONG WEST STREET 81  
Postcode 640841

#### DETAILS OF INJURED PERSON 2

Name PASSENGER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SMP9835K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name DRIVER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHC923B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Accident Sketch Plan

### 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.

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@idv.com.sg](mailto:vackb@idv.com.sg)

  
Policyholder's Signature  
Date & Time:

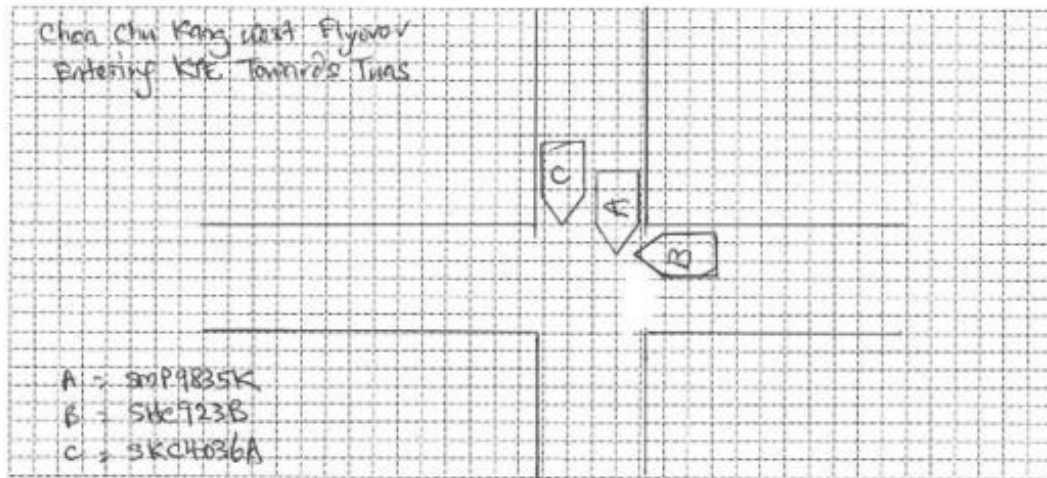
  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

06 JAN 2020

## Accident Sketch Plan

### SKETCH PLAN:




### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT AS ATTACHED.

### 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:

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vac@idac.com.sg](mailto:vac@idac.com.sg)

Reporting Centre Personnel's Signature  
Name:  
NRIC / FIN No:

06 JAN 2020

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200103/2007

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/20200103/2007

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2020 01:13		Vide Report No.: J/20200102/0058		Station Diary No.: 10	
<b>Informant's Particulars</b>					
Name of Informant: GOH PEI ZONG			Address: APT BLK 841 JURONG WEST STREET 81 #03-127 SINGAPORE 640841		
ID Type / ID No.: NRIC NO / S9115549D			Contact No.: Home/Office: Mobile: 82885033		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 01/05/1991	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PDVL DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/01/2020 05:45	Type of Location: FLYOVER JUNCTION
Location: Junction of Road 1 and Road 2 CHOA CHU KANG WAY KRANJI EXPRESSWAY AT CHOA CHU KANG WEST FLYOVER ENTERING KJE TOWARDS TUAS				
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: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC923B	Van				Slightly Damaged	0
SKC4036A	Car				Slightly Damaged	0
SMP9835K	Car	HONDA	VEZEL 1.5X CVT	Red	Totally Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

## Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200103/2007

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

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Report No. T/20200103/2007

### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP9835K	NTUC Income Insurance Co-Operative Limited	5113562427	25/10/2019	24/10/2020

#### Brief Details.

On 02/01/2020 at about 0530hrs, I picked up a passenger from B/700+ Choa Chu Kang and to drop off at Jurong East MRT.

On 02/01/2020 at about 0545hrs, I was driving my vehicle plate number SMP9835K along Choa Chu Kang Way wanting to enter towards KJE. While I was at the junction of Choa Chu Kang West Flyover, traffic light was RED. When the traffic light turns GREEN in my favor, I then move off and enter KJE. When I was about to enter KJE, a limo van plate number SHC923B on my left then collided onto my vehicle and subsequently, my vehicle swerve and hit onto another vehicle SKC4036A. I believed that the limo van might have beaten the red light.

I then called 999 assistance and believed other drivers might have called for 995 as well. Ambulance then arrived shortly, and make a check on all parties. My passenger together with limo van driver and third party driver was conveyed by the Ambulance with conscious state.

Due to the accident, my vehicle was totally damaged could not be driven and was being towed to the workshop. I then went to consult doctor and was given 07 days of medical leave from 02/01/2020 to 08/01/2020. Left knee abrasions, chest abrasion, right arm abrasion and both elbow pain.

No government property damaged. Traffic Police and Ambulance was at scene.

I wish to state that there is in-car camera installed in my vehicle.

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200103/2007

3 of 3

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

Report No. T/20200103/2007

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 Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/01/2020 01:13

Officer In Charge Of Case:

TP / GT /

Sr Staff Sgt NG BEIFENG

Contact No.: 65476415

Classification Of Case:

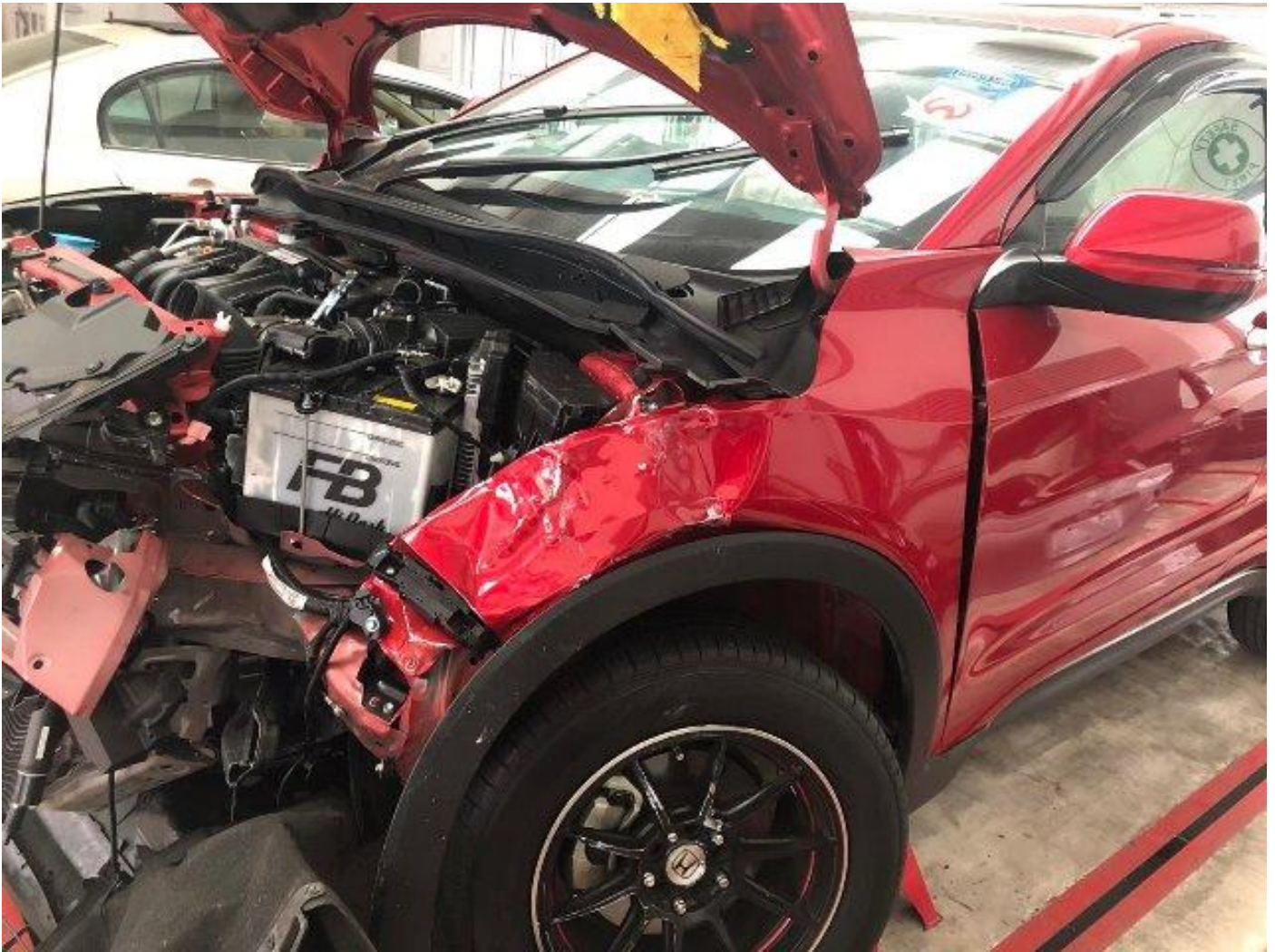
Authentication Stamp

NP168

SIGNATURE



Accident Photo

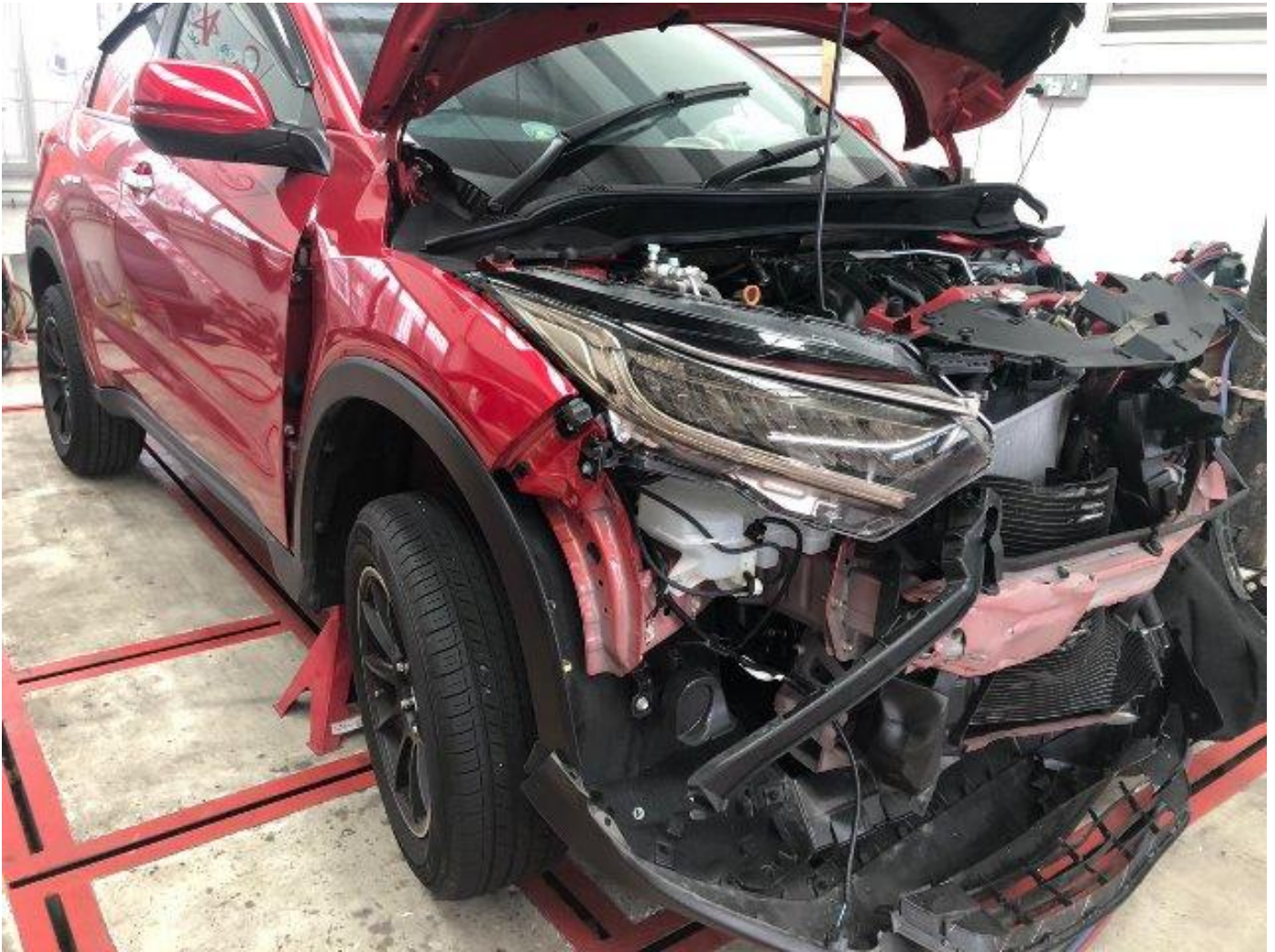


Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





## Addendum Sheet



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: S665500206 / 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 : \_\_\_\_\_ Vehicle Registration No: 8MP9835K  
Name(as shown in NRIC) : Goh Pei Zong NRIC/FIN/Passport No : S91155490  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 82885033  
Email Address : \_\_\_\_\_  
Date of Accident : 02.01.2020 Time of Accident : 0545  
Place of Accident : Choa Chu Kang  
Insurance Company: KIA

#### (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:

update police report

Policyholder / Driver's Signature  
Date: \_\_\_\_\_

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [veack@viam.com.sg](mailto:veack@viam.com.sg)  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_