

## 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	04/03/2020 13:54
Date Of Accident	03/03/2020 22:50
Exact Location Of Accident	WOODLANDS AVE 6 TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX8146B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR GOH POH CHUAN
NRIC No	SXXXX943C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93899047
Alternative Phone No	OFFICE-93899047

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3082461900
Cover Note Number	

### Driver

Name of Driver	MR GOH POH CHUAN
NRIC No	SXXXX943C
Date Of Birth	22/07/1953
Occupation	OUTDOOR
Date Of Driving Pass	26/07/1972
Driving Experience	47 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93899047
Fax Number	
Contact Number	OFFICE-93899047
Email Address	NOEMAIL

Address	BLK 680 WOODLANDS AVE 6 #06-766
Postcode	730680
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200304/2091

#### 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	GBE9063J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MR GOH POH CHUAN
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Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGX8146B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

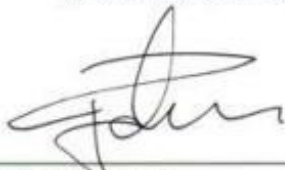
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### **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:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

traffic light

A = SGX 8146 B

B = GBE 7063 J

Woodlawn's Ave 6

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement Police Report  
7/20200304/2091

## 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:  
NRIC/FIN No.:



**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20200304/2091

1 of 4

Report No. T/20200304/2091

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/03/2020 16:11	Vide Report No.:	Station Diary No.: 81
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**Informant's Particulars**

Name of Informant: GOH POH CHUAN	Address: APT BLK 680 WOODLANDS AVENUE 6 #06-766 SINGAPORE 730680		
ID Type / ID No.: NRIC NO / S0195943C	Contact No.: Home/Office: Mobile: 93899047		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 66	Date of Birth: 22/07/1953	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Employment agent/Labour contractor	Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2020 22:50	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
GBE9063J	Van	NISSAN	NV350 PANEL VAN 2.5 5AT 5DR EURO V	White	Slightly Damaged	0
SGX8146B	Car	HONDA	CIVIC 1.8L A	Grey	Slightly Damaged	0

**Details of Vehicle Insurance**

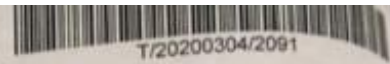
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20200304/2091

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Report No. T/20200304/2091

CONTINUATION OF REPORT

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	DMPCSN30824619 000	13/11/2019	26/11/2020
SGX8146B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved

Any Pedestrian Involved: No

Use of Pedestrian Crossing: NA

No. of Pedestrians Injured: NIL

Driver

Name GOH POH CHUAN

ID No. S0195943C

Related Vehicle SGX8146B (Car)

Contact No. 93899047

Hospital/Clinic KHOO TECK PUAT HOSPITAL

Class of Driving Licence & Expiry Date  
Class: 3  
Date of Expiry: NIL

Date Treatment 04/03/2020

Date Discharge 04/03/2020

No. of Days granted Medical Leave 03

Degree of Injury Slight

Driver

Name LEE SZE CHAN

ID No. S7623382I

Related Vehicle NIL

Contact No. 97847745

Hospital/Clinic NIL

Class of Driving Licence & Expiry Date  
Class: 3  
Date of Expiry: NIL

Date Treatment NIL

Date Discharge NIL

No. of Days granted Medical Leave NIL

Degree of Injury NIL

**Brief Details.**

On 03/03/2020 at about 2250hrs, I was travelling along Woodlands Avenue 6, when I was in my vehicle (SGX8146B) waiting for the traffic light to turn green before moving off. Hence, my vehicle was in a stationary position. Suddenly, I felt a heavy bump at the rear of my vehicle. I went down to make a check and found out that a van (GBE9063J) knocked onto my vehicle's rear.

Subsequently, the driver came down and handed to me his driving license to take picture which I did. I then left the scene and head straight to Khoo Teck Puat Hospital as I felt a slight pain on the neck area, and was given 3 days MC.

No threat or assault took place during the incident. I am lodging this report for insurance claim purposes.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200304/2091

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
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Report No. T/20200304/2091

CONTINUATION OF REPORT



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200304/2091

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Report No. T/20200304/2091

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20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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 2 LINUS OW JUN KAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/03/2020 16:11

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

SN 061

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

