

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	21/04/2020 12:04
Date Of Accident	20/04/2020 12:00
Exact Location Of Accident	AROUND B/180,174-179 BOON LAY DRIVE CLUSTER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ7509H
Insured/Policyholder	
Name Of Registered Owner	MEGA CAR LEASING
Co Reg No	5XXXX925A
Email Address	MEGACAR88@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-86994326

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5114937366
Cover Note Number	

Driver

Name of Driver	GOH YONG SENG
NRIC No	SXXXX214A
Date Of Birth	10/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	12/12/1984
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96884108
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 271C PUNGGOL WALK #05-535
Postcode	823271
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	COLLIDED INTO PEDESTRIAN
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	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200420/2042 & ADDITIONAL STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	E-BIKE SCOOTER
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	JOEL
NRIC/Passport Number	
Contact Number	96961304
Address	
Postcode	

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

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

B/180, 174-179

BOON LAY DRIVE CLUSTER

A - SJJ7509H

B - E-BIKE SCOOTER

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS MOVING IN THE CARPARK AT 3-10 KM/H, AS I WAS APPROACHING A ~~2m~~ Hump, AN E-SCOOTER SUDDENLY DASHED OUT FROM MY RIGHT SIDE I COLLIDED ONTO HIM AS I CANNOT REACT IN TIME.

DECLARATION

4/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

are true in every res

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

2/29/20

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200420/2042

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20200420/2042

CONTINUATION OF REPORT

Driver			
Name	GOH YONG SENG		ID No. S1629214A
Related Vehicle	SJJ7509H (Car)		Contact No. 96884108
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pedestrian			
Name	JOEL		ID No. NIL
Related Vehicle	NIL		Contact No. 96961304
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

Brief Details.

On the 20/04/2020 at about 1230hrs, I was driving my vehicle SJJ7509H and had just entered the cluster carpark of B/174-179 Boon Lay Drive.

I was then going straight and approaching a shelter area near to B/180A Boon Lay Drive when I then check for pedestrian and traffic was clear. At this point in time, my speed was slow at about 5-10KM/H as I was going to pickup passenger.

Out of a sudden, a foodpanda on a E-bike then appeared out of my right side and I collided onto him as I could not react in time.

He then fell down onto the road however no visible injuries on him. He then decided to call for Traffic Police who then came and took down our particulars.

Traffic police advised us to settle the issue among ourselves. I then passed him cash SGD\$60/- and asked him to consult a doctor and he acknowledged. I was then given case card J/20200420/0101 under TP SIO Intan. 65476256.

NO

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200420/2042

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3
Report No: T/20200420/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2020 15:57		Vide Report No.: J/20200420/0101		Station Diary No.: 82	
Informant's Particulars					
Name of Informant: GOH YONG SENG			Address: APT BLK 271C PUNGGOL WALK #05-535 SINGAPORE 823271		
ID Type / ID No.: NRIC NO / S1629214A			Contact No.: Home/Office: Mobile: 96884108		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 10/10/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/04/2020 12:00	Type of Location: Straight Road
Location: Along Road 1 BOON LAY DRIVE Around B/180, 174-179 Boon Lay Drive Cluster.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJ17505H	Car	TOYOTA	VIOS E AUTO	Silver	Slightly Damaged	0

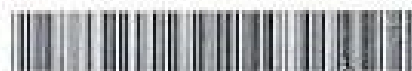
Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20200420/2042

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20200420/2042

CONTINUATION OF REPORT

Driver			
Name	GOH YONG SENG		ID No. S1629214A
Related Vehicle	SJJ7509H (Car)		Contact No. 95884108
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pedestrian			
Name	JOEL		ID No. NIL
Related Vehicle	NIL		Contact No. 95961304
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

Brief Details.

On the 20/04/2020 at about 1230hrs, I was driving my vehicle SJJ7509H and had just entered the cluster carpark of B/174-179 Boon Lay Drive.

I was then going straight and approaching a shelter area near to B/180A Boon Lay Drive when I then check for pedestrian and traffic was clear. At this point in time, my speed was slow at about 5-10KM/H as I was going to pickup passenger.

Out of a sudden, a foodpanda on a E-bike then appeared out of my right side and I collided onto him as I could not react in time.

He then fell down onto the road however no visible injuries on him. He then decided to call for Traffic Police who then came and took down our particulars.

Traffic police advised us to settle the issue among ourselves. I then passed him cash SGD\$50/- and asked him to consult a doctor and he acknowledged. I was then given case card J/20200420/0101 under TP SIO Intan. 85476256.

NO

Police Report



SINGAPORE
POLICE FORCE



T/20200420/2042

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649618
Tel No: 1800-2688999

3 of 3

Report No. T/20200420/2042

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 2 GOH WEI JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/04/2020 15:57

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

Authentication Stamp
NP168

Singapore

Police Force