

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	20/02/2020 15:11
Date Of Accident	20/02/2020 06:40
Exact Location Of Accident	KPE TOWARDS TUNNEL BEFORE TAMPINES ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1449J
Insured/Policyholder	
Name Of Registered Owner	GOH TECK SENG
NRIC No	SXXXX340H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90034898
Alternative Phone No	OTHERS-90034898

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO-1.5 L (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10096737R01
Cover Note Number	

Driver

Name of Driver	GOH TECK SENG
NRIC No	SXXXX340H
Date Of Birth	31/12/1973
Occupation	INDOOR
Date Of Driving Pass	09/09/1993
Driving Experience	26 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90034898
Fax Number	
Contact Number	OTHERS-90034898
Email Address	NOEMAIL

Address	BLK 207D COMPASSVALE LANE #06-52 SINGAPORE
Postcode	547207
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : SON GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SHC3931H
Vehicle Make/Model/Colour	
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)

Sketch Plan

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:

1510hrs

20/2/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

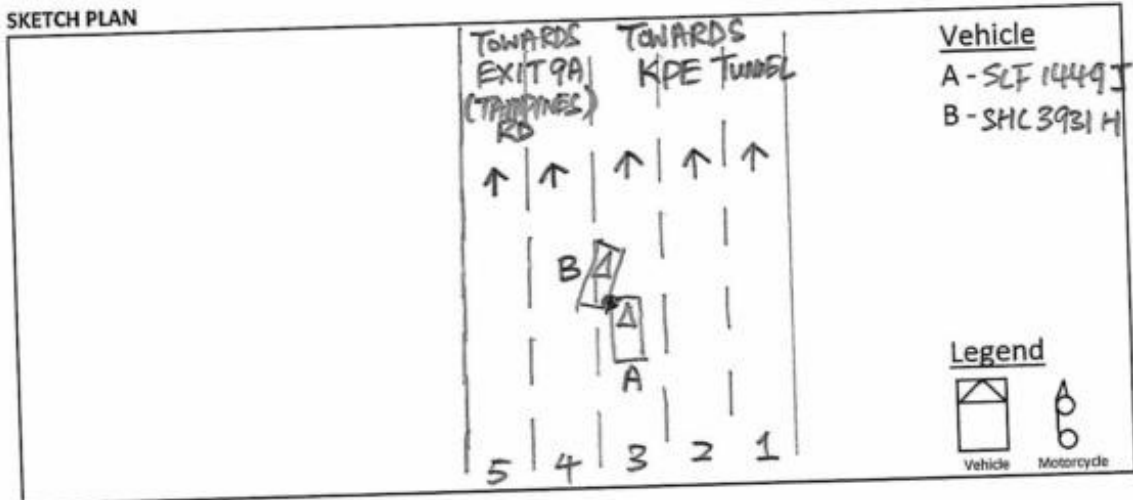
Name:

NRIC/FIN No.:



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time: 20/10/20
(15:10hr)

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT PAGE 1



**SINGAPORE
POLICE FORCE**



T/20200220/2073

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20200220/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2020 13:31	Vide Report No.:	Station Diary No.: 56
--	------------------	--------------------------

Informant's Particulars

Name of Informant: GOH TECK SENG			Address: APT BLK 207D COMPASSVALE LANE #06-52 SINGAPORE 547207		
ID Type / ID No.: NRIC NO / S7346340H			Contact No.: Home/Office: Mobile: 90034898		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 31/12/1973	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Trainer			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/02/2020 06:40	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY ALONG KPE TOWARDS TUNNEL BEFORE TAMPINES ROAD EXIT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
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
SHC3931H	Car					0
SLF1449J	Car	NISSAN	LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR	Beige	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

POLICE REPORT PAGE 2



**SINGAPORE
POLICE FORCE**



T/20200220/2073

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20200220/2073

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF1449J	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10096737R01	11/11/2019	10/11/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH TECK SENG		ID No. S7346340H
Related Vehicle	SLF1449J (Car)		Contact No. 90034898
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 20/02/2019 at about 0644hrs, I am driving my vehicle bearing plate number SLF1449J along KPE towards the tunnel before Tampines Road exit on the third lane. Out of a sudden, a Taxi bearing plate number SHC3931H shifted into my lane from the forth lane and brake thereafter. I performed an emergency brake however unable to stop in time and hit on to the rear right bumper of the Taxi.

I alighted from my vehicle with the intention to speak to the Taxi Driver. However, the Taxi drove off and I am unable to catch up with him. I did not manage to communicate with him as well.

My vehicle front left bumper area was dented.



**SINGAPORE
POLICE FORCE**



T/20200220/2073

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20200220/2073

CONTINUATION OF REPORT

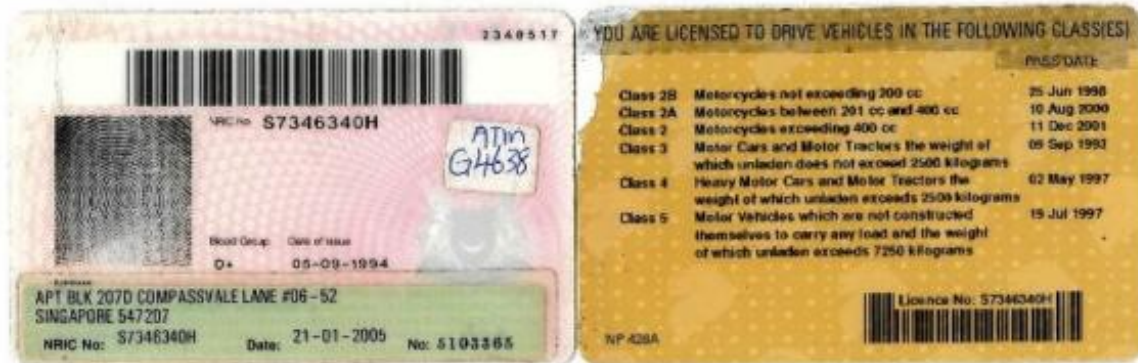
Sketch Plan

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: F / Sgt 3 YE WEIJIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/02/2020 13:31
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case: SN 085
Authentication Stamp NP168	Signature: Singapore Police Force

Identification Card & DL



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO. 型式
 NO. DE CHASSI TYPE
 MODEL TIPO
 MODELO
 JN1BAACL11Z0021661
 EDUAPDACL1EYAA--06
 95- COLOR TRIM
 174- COLOR GUARNICION
 5- ENGINE
 6- MOTOR
 7- TRANSMISSION
 8- TRANS AXLE
 9- TRANSE-AX
 10- HUB
 11- HUB
 12- HUB
 13- HUB
 14- HUB
 15- HUB
 16- HUB
 17- HUB
 18- HUB
 19- HUB
 20- HUB
 21- HUB
 22- HUB
 23- HUB
 24- HUB
 25- HUB
 26- HUB
 27- HUB
 28- HUB
 29- HUB
 30- HUB
 31- HUB
 32- HUB
 33- HUB
 34- HUB
 35- HUB
 36- HUB
 37- HUB
 38- HUB
 39- HUB
 40- HUB
 41- HUB
 42- HUB
 43- HUB
 44- HUB
 45- HUB
 46- HUB
 47- HUB
 48- HUB
 49- HUB
 50- HUB
 51- HUB
 52- HUB
 53- HUB
 54- HUB
 55- HUB
 56- HUB
 57- HUB
 58- HUB
 59- HUB
 60- HUB
 61- HUB
 62- HUB
 63- HUB
 64- HUB
 65- HUB
 66- HUB
 67- HUB
 68- HUB
 69- HUB
 70- HUB
 71- HUB
 72- HUB
 73- HUB
 74- HUB
 75- HUB
 76- HUB
 77- HUB
 78- HUB
 79- HUB
 80- HUB
 81- HUB
 82- HUB
 83- HUB
 84- HUB
 85- HUB
 86- HUB
 87- HUB
 88- HUB
 89- HUB
 90- HUB
 91- HUB
 92- HUB
 93- HUB
 94- HUB
 95- HUB
 96- HUB
 97- HUB
 98- HUB
 99- HUB
 100- HUB
 101- HUB
 102- HUB
 103- HUB
 104- HUB
 105- HUB
 106- HUB
 107- HUB
 108- HUB
 109- HUB
 110- HUB
 111- HUB
 112- HUB
 113- HUB
 114- HUB
 115- HUB
 116- HUB
 117- HUB
 118- HUB
 119- HUB
 120- HUB
 121- HUB
 122- HUB
 123- HUB
 124- HUB
 125- HUB
 126- HUB
 127- HUB
 128- HUB
 129- HUB
 130- HUB
 131- HUB
 132- HUB
 133- HUB
 134- HUB
 135- HUB
 136- HUB
 137- HUB
 138- HUB
 139- HUB
 140- HUB
 141- HUB
 142- HUB
 143- HUB
 144- HUB
 145- HUB
 146- HUB
 147- HUB
 148- HUB
 149- HUB
 150- HUB
 151- HUB
 152- HUB
 153- HUB
 154- HUB
 155- HUB
 156- HUB
 157- HUB
 158- HUB
 159- HUB
 160- HUB
 161- HUB
 162- HUB
 163- HUB
 164- HUB
 165- HUB
 166- HUB
 167- HUB
 168- HUB
 169- HUB
 170- HUB
 171- HUB
 172- HUB
 173- HUB
 174- HUB
 175- HUB
 176- HUB
 177- HUB
 178- HUB
 179- HUB
 180- HUB
 181- HUB
 182- HUB
 183- HUB
 184- HUB
 185- HUB
 186- HUB
 187- HUB
 188- HUB
 189- HUB
 190- HUB
 191- HUB
 192- HUB
 193- HUB
 194- HUB
 195- HUB
 196- HUB
 197- HUB
 198- HUB
 199- HUB
 200- HUB
 201- HUB
 202- HUB
 203- HUB
 204- HUB
 205- HUB
 206- HUB
 207- HUB
 208- HUB
 209- HUB
 210- HUB
 211- HUB
 212- HUB
 213- HUB
 214- HUB
 215- HUB
 216- HUB
 217- HUB
 218- HUB
 219- HUB
 220- HUB
 221- HUB
 222- HUB
 223- HUB
 224- HUB
 225- HUB
 226- HUB
 227- HUB
 228- HUB
 229- HUB
 230- HUB
 231- HUB
 232- HUB
 233- HUB
 234- HUB
 235- HUB
 236- HUB
 237- HUB
 238- HUB
 239- HUB
 240- HUB
 241- HUB
 242- HUB
 243- HUB
 244- HUB
 245- HUB
 246- HUB
 247- HUB
 248- HUB
 249- HUB
 250- HUB
 251- HUB
 252- HUB
 253- HUB
 254- HUB
 255- HUB
 256- HUB
 257- HUB
 258- HUB
 259- HUB
 260- HUB
 261- HUB
 262- HUB
 263- HUB
 264- HUB
 265- HUB
 266- HUB
 267- HUB
 268- HUB
 269- HUB
 270- HUB
 271- HUB
 272- HUB
 273- HUB
 274- HUB
 275- HUB
 276- HUB
 277- HUB
 278- HUB
 279- HUB
 280- HUB
 281- HUB
 282- HUB
 283- HUB
 284- HUB
 285- HUB
 286- HUB
 287- HUB
 288- HUB
 289- HUB
 290- HUB
 291- HUB
 292- HUB
 293- HUB
 294- HUB
 295- HUB
 296- HUB
 297- HUB
 298- HUB
 299- HUB
 300- HUB
 301- HUB
 302- HUB
 303- HUB
 304- HUB
 305- HUB
 306- HUB
 307- HUB
 308- HUB
 309- HUB
 310- HUB
 311- HUB
 312- HUB
 313- HUB
 314- HUB
 315- HUB
 316- HUB
 317- HUB
 318- HUB
 319- HUB
 320- HUB
 321- HUB
 322- HUB
 323- HUB
 324- HUB
 325- HUB
 326- HUB
 327- HUB
 328- HUB
 329- HUB
 330- HUB
 331- HUB
 332- HUB
 333- HUB
 334- HUB
 335- HUB
 336- HUB
 337- HUB
 338- HUB
 339- HUB
 340- HUB
 341- HUB
 342- HUB
 343- HUB
 344- HUB
 345- HUB
 346- HUB
 347- HUB
 348- HUB
 349- HUB
 350- HUB
 351- HUB
 352- HUB
 353- HUB
 354- HUB
 355- HUB
 356- HUB
 357- HUB
 358- HUB
 359- HUB
 360- HUB
 361- HUB
 362- HUB
 363- HUB
 364- HUB
 365- HUB
 366- HUB
 367- HUB
 368- HUB
 36

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO

