

## 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	23/05/2020 13:23
Date Of Accident	22/05/2020 18:30
Exact Location Of Accident	BUKIT PANJANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT2880D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH BOON KIAT, LENNARD (WU WENJIE)
NRIC No	SXXXX710D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84995018
Alternative Phone No	OFFICE-84995018

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO 1.6(A) EX
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070065270
Cover Note Number	

### Driver

Name of Driver	GOH BOON KIAT, LENNARD (WU WENJIE)
NRIC No	SXXXX710D
Date Of Birth	26/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	04/02/2015
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84995018
Fax Number	
Contact Number	OFFICE-84995018
Email Address	NOEMAIL

Address	BLK 755 CHOA CHU KANG NORTH 5 #11-101
Postcode	680755
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	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : KRISTINE KOH GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200522/7016.

#### 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	SKZ8597A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD FAZIL BIN ABDUL RAHMAN
NRIC/Passport Number	
Contact Number	91805845

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLL250P  
Vehicle Make/Model/Colour  
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 BOON KIAT, LENNARD (WU WENJIE)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMT2880D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name KRISTINE KOH  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMT2880D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

#### B. 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

A SMT 2880D  
B SKZ 8597A  
C SLL 2550P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police report

## DECLARATION

I/We declare the foregoing particulars to be true in every respect.

Policyholder's Signature

Date & Time:



Driver's Signature

(Driver is not the policyholder)

Reporting Centre Person's Signature  
Name:



# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20200522/7016

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Report No. T/20200522/7016

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2020 23:46		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: GOH BOON KIAT, LENNARD		Address: 755 CHOA CHU KANG NORTH 5 #11-101 SINGAPORE 680755			
ID Type / ID No. NRIC NO / S9235710D		Contact No.: Home/Office: Mobile: 84995018			
Nationality: SINGAPORE CITIZEN		Email: lennard.goh92@gmail.com			
Sex: Male	Age: 27	Date of Birth: 26/09/1992	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Securities and finance dealer/broker		Driving Licence Information: Class: 3		Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/05/2020 18:30	Type of Location: Straight Road
Location: BUKIT PANJANG ROAD				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
SKZ8597A	Car	HONDA	vezel	Black	Slightly Damaged	0
SMT2880D	Car	KIA	Cerato	Blue	Slightly Damaged	1
	Car	HONDA	vezel	White	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:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 40865  
Tel No: 65470000



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Report No: T/20200522/7916

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKZ8597A	MSIG INSURANCE (SINGAPORE) PTE. LTD.			
SMT2680D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070065270	06/04/2020	05/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	KRISTINE KOH	ID No.	S93090511
Related Vehicle	SMT2880D (Car)	Contact No.	96280679
Hospital/Clinic	UNITED HEALTH FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/05/2020	Date Discharge	22/05/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	GOH BOON KIAT, LENNARD	ID No.	S9235710D
Related Vehicle	SMT2880D (Car)	Contact No.	84995018
Hospital/Clinic	UNITED HEALTH FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/05/2020	Date Discharge	22/05/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

I was travelling home when someone hit me from the rear. The traffic light was green and the car in front of me moved off. I moved off slowly and when the vehicle in front of me came to a stop I slowly stopped as well. Next moment I know someone hit me from the rear. After the accident I went to a carpark to calm down and call my friends and family to seek help. Once I was more calm I went to visit Unihealth 24 hour clinic at Jurong East and I was given MC for 3 days from 23 May to 25 May for the soreness I felt in my neck and get some medicine to calm myself.



# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20200522/7016

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Report No. T/20200522/7016

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
22/05/2020 23:46

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





[illegible]

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: S665500200 / 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 : MNA 120047660 Vehicle Registration No: SMT 2880D  
Name(as shown in NRIC) : Goh Boon Kiat Lennard NRIC/FIN/Passport No : S9235710D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : B1K 755 CCK North S # 11-101 Singapore 680753  
Contact (Tel) : 97655215 Mobile No.: 84995018  
Email Address : Lennard.Goh92@gmail.com  
Date of Accident : 22/05/2020 Time of Accident: 6:30pm  
Place of Accident : Bukit Panjang Road  
Insurance Company: AIG

#### (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:

3rd party vehicle number is SLL250P instead of SLL2550P.

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

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