

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	17/08/2020 16:05
Date Of Accident	15/08/2020 00:40
Exact Location Of Accident	ALONG 1 WILKIE TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS2958U
Insured/Policyholder	
Name Of Registered Owner	J AUTO LEASING PTE LTD
Co Reg No	2XXXXX286N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88902285

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5115262377
Cover Note Number	

Driver

Name of Driver	GOH XIAOPING
NRIC No	SXXXX795C
Date Of Birth	08/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	02/08/2018
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88902285
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 41 SIMS DR #08-273
Postcode	380041
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	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	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)	2
Passenger 1	NAME: : YAP SHI MIN JASMINE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CAIRNHILL NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 GLOUCESTER ROAD , POSTCODE: 210009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2968999 - FAX NO: 63912398
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200816/2038

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	SGY6082J
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 XIAOPING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMS2958U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name YAP SHI MIN JASMINE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMS2958U
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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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.

J AUTO LEASING PTE LTD
201939286N

Policyholder's Signature
Date & Time:

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

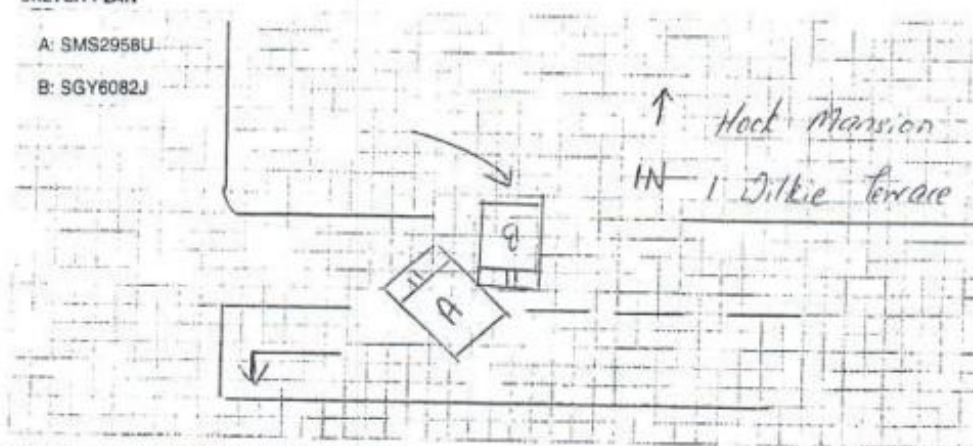
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A: SMS295BU

B: SGY6082J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO TRAFFIC POLICE REPORT NO:

T/20200816/2038

DECLARATION

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

J AUTO LEASING PTE LTD

201939286N

Policyholder's Signature _____

Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NAIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200816/2038

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

1 of 3

Report No. T/20200816/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2020 13:47	Vide Report No.: E/20200815/0008	Station Diary No.: 21
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Informant's Particulars			
Name of Informant: GOH XIAOPING		Address: APT BLK 41 SIMS DRIVE #08-273 SINGAPORE 380041	
ID Type / ID No.: NRIC NO / S8507795C		Contact No.: Home/Office:	Mobile: 88902285
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 08/03/1985	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DELIVERY		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/08/2020 00:40	Type of Location: Straight Road
Location: WILKIE TERRACE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Head to Side - Moving to Stationary			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGY6082J	Car	HONDA	CIVIC	Blue	Slightly Damaged	0
SMS2958U	Car	TOYOTA	SIENTA	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/20200816/2038

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

2 of 3

Report No. T/20200816/2038

CONTINUATION OF REPORT

Driver			
Name	GOH XIAOPING	ID No.	S8507795C
Related Vehicle	SMS2958U (Car)	Contact No.	88902285
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	15/08/2020	Date Discharge	15/08/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 15/08/2020, at about 0040hrs, I was driving my vehicle (SMS 2958 U) along Wilkie Road, however, I made a wrong turn, as my intended destination was Niven Road. Thus, along the entrance of Hock Mansion, I made a three-point turn to drive out of Wilkie Terrace and proceed to Niven Road. As the space of the road is tight, thus, it was hard to maneuver.

At this point, a Honda Civic (SGY 6082 J) was exiting the Hock Mansion, the vehicle owner of SGY 6082 J scream in an aggressive way and ask me to move away. I replied to him that I could not shift or move my vehicle as the space is tight, and require an amount of time to get out of the position. The driver of SGY 6082 J later mentioned that "You believed that I use my car to bang you?", I ignored him, and replied to him "Up to you". The driver of SGY 6082 J then used his car to move forward and collided with my car. I felt the force of the impact from his vehicle into my vehicle, and I was shock, and subsequently called for Police assistance

Prior to Police arrival, the driver of SGY 6082 J alighted the vehicle, and started to take picture and videos of my and my vehicle, however, I ignored him, and wait for the Police arrival. I also make a check on my vehicle and discover that the vehicle SGY 6082 J is in contact with my vehicle's right passenger door. Also to mentioned that prior to the arrival of the Police I did not move my vehicle, however, the driver of SGY 6082 J moved his vehicle.

After Police arrival, I make a check on my damages, and discovered that there are dents and scratch on the right passenger (door) side of the vehicle. I was later advice by the Police officer to lodge a Police Report regarding this matter.

I wish to mentioned that I went to consult the doctor and Tan Tock Seng Hospital on 15/08/2020, at about 1600hrs, as I feel ache and strain on my neck and my back. I was later prescribed Two-Days Medical Leave by the doctor.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200816/2038

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

3 of 3

Report No. T/20200816/2038

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:
A /
Sgt 2 TAN ZHI KAI, BRANDAN

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
16/08/2020 13:47

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



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: S66550020G / 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 120069904 Vehicle Registration No: SMS2958U
 Name (as shown in NRIC) : GOH XIAO PING NRIC/FIN/Passport No : SXXXX795C
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLOCK 41 SIMS DRIVE #08-273 Singapore(³⁸⁰⁰⁴¹)
 Contact (Tel) : _____ Mobile No. : 88902285
 Email Address : _____
 Date of Accident : 15 AUG 2020 Time of Accident : 00:40 HRS
 Place of Accident : ALONG 1 WILKIE TERRACE
 Insurance Company: NTUC

(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:

ADD IN PASSENGER DETAILS

YAP SHI MIN JASMINE

S8935270C

BLOCK 927 HOUGANG STREET 91 #10-77 SINGAPORE 530927

Add in Passenger Injury

J AUTO LEASING PTE LTD

Policyholder / Driver's Signature
 Date:



Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 19/8/20