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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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
D	ETAILS 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

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

EMail Address NOEMAIL

BLK 41 SIMS DR #08-273 Address

Postcode

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)

2

involved in the accident 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

1

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CAIRNHILL NEIGHBOURHOOD POLICE POST

ROAD: BLK 9 GLOUCESTER ROAD, POSTCODE: 210009, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-2968999 - FAX NO: 63912398 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20200816/2038

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGY6082J

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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?

Address

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- The report will be forwarded by the Insurers of the GIA Records Management Contre 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.
- 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/ere 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:
 - 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 low 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:
 - 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:

at her the arrange of

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: SMS2958U		
B: SGY6082J		
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		Company of the Compan
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	16>-	THE STREET
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1		
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
	REFER TO TRAFFIC POLICE RE	PORT NO:
	THE THIN THE POLICE NO.	311.110
	T/20200816/2038	
CLARATION We declare the foregoing particu	dare are to a le autori	11
		LH
JTO LEASING PTE 39286N	LID	har
icyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
e & Time:	(If driver is not the policyholder) Date & Time:	Name:

POLICE REPORT





1 of 3

Report No. T/20200816/2038

Police Station Of Origin: Cairnhill NPP 9 Gloucester Road #01-03 SINGAPORE

Tel No: 1800-2968999

210009

REPORT OF A TRAFFIC ACCIDENT

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

Type of Accident: Accident: Injury Attended by Police		Drink Date/Time of				
WILKIE TERRACE Weather		Road Surface: Road Speed Limit:				
	Dry Traffic Control:		Traffic Volume:			
Two Way Type of Collision: Head to Side - Moving to Stationary			No Traffic Anyone conveyed by ambulance:			
		Road Surface: Dry Traffic Control: Not Controlled	Road Surface: Dry Traffic Control: Not Controlled			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SGY6082J	Car	HONDA	CIVIC	Blue	Slightly Damaged	0
SMS2958U	Car	ТОУОТА	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



2 of 3 Report No. T/20200816/2038

Police Station Of Origin: Cairnhill NPP 9 Gloucester Road #01-03 SINGAPORE 210009

Tel No: 1800-2968999

CONTINUATION OF REPORT

Driver ·				TE ASUR	III T	SAME TO STATE OF
Name	GOH XIAOPING		ID No	· E	S8507795C	
Related Vehicle	SMS2958U (Car)		Conta	ct No.	88902285	
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class Drivin Licend Expiry	g	Class: 3A Date of Expiry: NIL	
Date Treatment	15/08/2020		Date Disc	charge	15/08	3/2020
No. of Days gran	ted Medical Leave	02	Degree o	Degree of Injury Slight		

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



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	

















