

## 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	26/08/2020 10:14
Date Of Accident	26/08/2020 06:45
Exact Location Of Accident	PIE (TUAS) B4 EXIT 41
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2027K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH CHIN CHAI
NRIC No	SXXXX799E
Email Address	JOSEPHGOH517@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96271760
Alternative Phone No	OFFICE-96271760

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 L VTI (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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	GOH CHIN CHAI
NRIC No	SXXXX799E
Date Of Birth	16/09/1967
Occupation	INDOOR
Date Of Driving Pass	21/04/1995
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96271760
Fax Number	
Contact Number	OFFICE-96271760
EEmail Address	JOSEPHGOH517@HOTMAIL.COM

Address	BLK 543 CHOA CHU KANG SR 52 #07-70
Postcode	S680543
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 - HEAD TO REAR
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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS ANNEX D&E

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1456B
Vehicle Make/Model/Colour	BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN TING FENG
NRIC/Passport Number	SXXXX061E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	GOH CHIN CHAI
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Approximate Age	
Injuries Sustain	SHOCK / NAUSEA
Injured person in which vehicle?	SLK2027K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

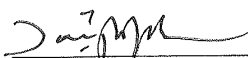
## Sketch Plan Pg. 1

Vehicle Number: \_\_\_\_\_

### 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: 26/8/2020

@ 09:50hr

\_\_\_\_\_  
Driver's Signature

(If driver is not the policyholder)

Date & Time:



\_\_\_\_\_  
Reporting Centre Personnel's Signature

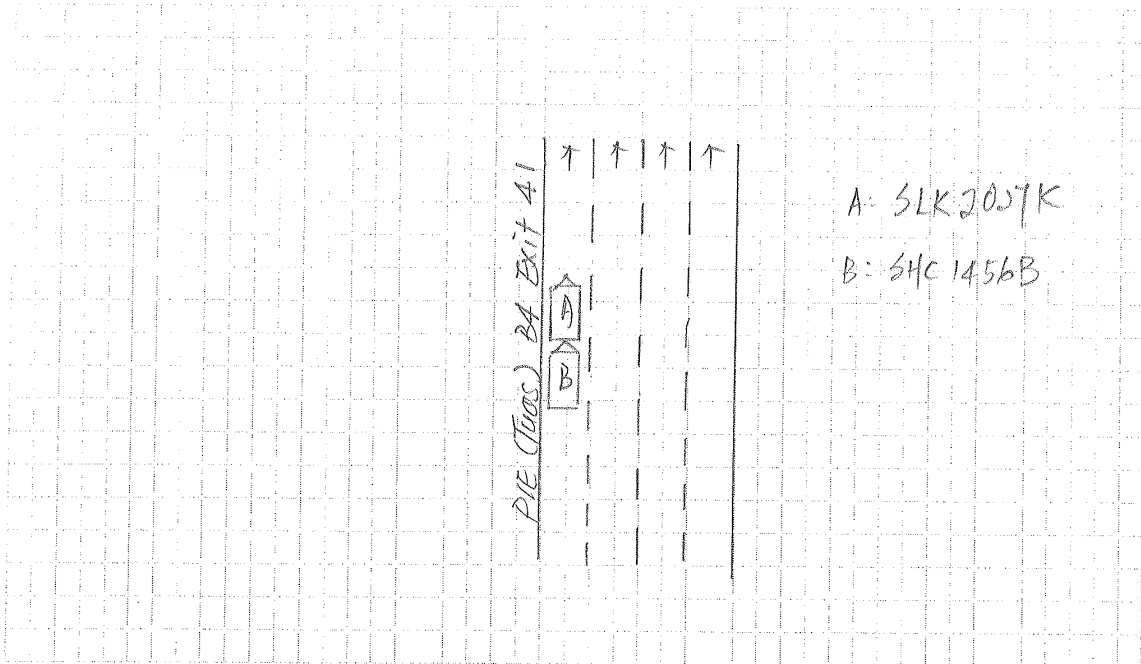
Name:

NRIC/FIN No.:

## Sketch Plan Pg. 2

Vehicle Number: \_\_\_\_\_

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/8/2020 @ about 06:45am, my vehicle (A) was travelling along PIE (Tuas) at the extreme left lane. As the front vehicle slowed down, as my vehicle followed suit. While my vehicle (A) came to a dead slow position. Veh B suddenly hit to my vehicle rear portion with a great impact, caused my vehicle swerved to the right and Veh B ended at the road shoulder before me.

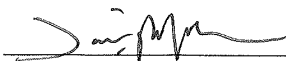
I was shock by the impact, I will consult my family doctor later if needed.

\*Statement recorded in \_\_\_\_\_ language by driver.


\*Own Damage (OD) Claim submission must be proceeded within 14 Days from Date of Accident.

### DECLARATION

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

  
 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.: \_\_\_\_\_

Date: 26-8-2020, 6.45 a.m

~~I~~ Location: PIE to Tuas before  
exit 41.

I, TAN TING FENG S8233061E, vehicle  
number SHC1456B crashed onto  
vehicle SLK2027K, Owner Goh Chin Chai  
S1830799E from the back.

  
TAN TING FENG  
S8233061E

  
Goh Chin Chai  
S1830799E

Accident Photo



Accident Photo





Accident Photo

