

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	27/10/2020 11:46
Date Of Accident	26/10/2020 18:55
Exact Location Of Accident	SELETAR EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV3864U
Insured/Policyholder	
Name Of Registered Owner	NEW DIRECTION PTE. LTD.
Co Reg No	201228912D
Email Address	NEWDIRECTION88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94881757
Alternative Phone No	OFFICE-94881757

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114059241 (DRIVO CLASSIC)
Cover Note Number	

Driver

Name of Driver	GOH SHI HUI
NRIC No	S8904323I
Date Of Birth	06/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2011
Driving Experience	9 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90305242
Fax Number	
Contact Number	OTHERS-90305242
Email Address	NOEMAIL

Address	BLK 196 PASIR RIS STREET 12 #10-100
Postcode	510196
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	CHAIN COLLISION
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	4
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20201027/2034 ATTACHED.

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	SHD8643B
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBD6648Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GV5418Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 SHI HUI
Approximate Age
Injuries Sustain REFER TO POLICE REPORT
Injured person in which vehicle? SJV3864U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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.

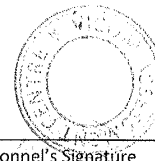


Policyholder's Signature
Date & Time:

[Signature]

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

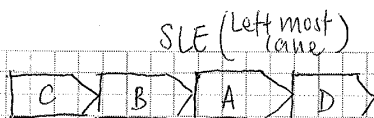
27 OCT 2020



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



Exiting into Woodlands Ave 12

A - SJV 3864U

B - SHD 8643B

C - GBD 6648Y

D - GV 5418Y

DOA - 26/10/20

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

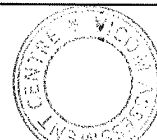


Policyholder's Signature
Date & Time:

[Signature]

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

27 OCT 2020



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



**SINGAPORE
POLICE FORCE**



T/20201027/2034

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20201027/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2020 11:24			Vide Report No.:		Station Diary No.: 32
Informant's Particulars					
Name of Informant: GOH SHI HUI			Address: APT BLK 196 PASIR RIS STREET 12 #10-100 SINGAPORE 510196		
ID Type / ID No.: NRIC NO / S89043231			Contact No.: Home/Office: Mobile: 90305242		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 31	Date of Birth: 06/02/1989	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Private tutor (academic)			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: 26/10/2020 18:55	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
GBD6648Y	Van					1
GV5418Y	Lorry					0
SHD8643B	Car					2
SJV3864U	Car					0



**SINGAPORE
POLICE FORCE**



T/20201027/2034

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20201027/2034

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CLAMOR ARVI FAGARITA	ID No.	G5156661R
Related Vehicle	GBD6648Y (Van)	Contact No.	87675465
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GURPREET SINGH	ID No.	G7733046T
Related Vehicle	GV5418Y (Lorry)	Contact No.	94204735
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM YUEN TAT	ID No.	S0389938A
Related Vehicle	SHD8643B (Car)	Contact No.	96649857
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20201027/2034

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20201027/2034

CONTINUATION OF REPORT

Driver			
Name	GOH SHI HUI	ID No.	S8904323I
Related Vehicle	SJV3864U (Car)	Contact No.	90305242
Hospital/Clinic	CENTRAL 24HR CLINIC (PASIR RIS)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/10/2020	Date Discharge	26/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 26/10/2020 at about 1855hrs, I was traveling along left most lane in my vehicle (Honda Civic - SJV3864U) along SLE towards Woodlands and in the queue to enter the filter lane to exit towards Woodlands Ave 12. The traffic was heavy and I came to a stop just after the signage of Woodlands Ave 12. Shortly after I stopped, I felt an impact from the rear and my car moved forward and hit a lorry (GV5418Y) in front. The impact was too great that it caused my vehicle to move forward and backwards many time, hitting both the lorry in front and the taxi (SHD8643B) behind that hit me. After the collision has stopped, I engaged to park gear and alighted from the vehicle to make a check. I noticed another van (GBS6648Y) had collided into the taxi (SHD8643B) behind my vehicle and caused the chain accident. One of the drivers called for police and we did not move our vehicle before the arrival of the traffic police. After the traffic police arrived, he made sure that none of us needed immediate medical attention and told us to report to our insurance for claim.

As my vehicle was badly damaged, I switched off the engine and called for tow truck to tow my vehicle back for repair. Before we left, we exchanged particulars and contact. I could not remember the total numbers of passengers in the other vehicles but I do not have any passenger during the time of incident. After everything was settled, I felt pain in my back and neck area. I also noticed bruising on my right knee. Hence, I went to see a doctor and received 3 days MC. I wish to inform that my in-car camera was not working as such I do not have footage of the accident. However, I believe that the taxi behind my vehicle should have a in-car camera and may possess useful footage with regards to the accident. I am unsure if the other 2 vehicles have any in-car camera.



SINGAPORE
POLICE FORCE



T/20201027/2034

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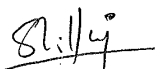
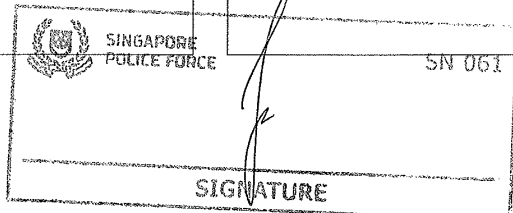
Report No. T/20201027/2034

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: E / Sgt 2 CHONG WEI LING, SERENE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/10/2020 11:24
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	<div data-bbox="619 1848 1133 2060">  </div>

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



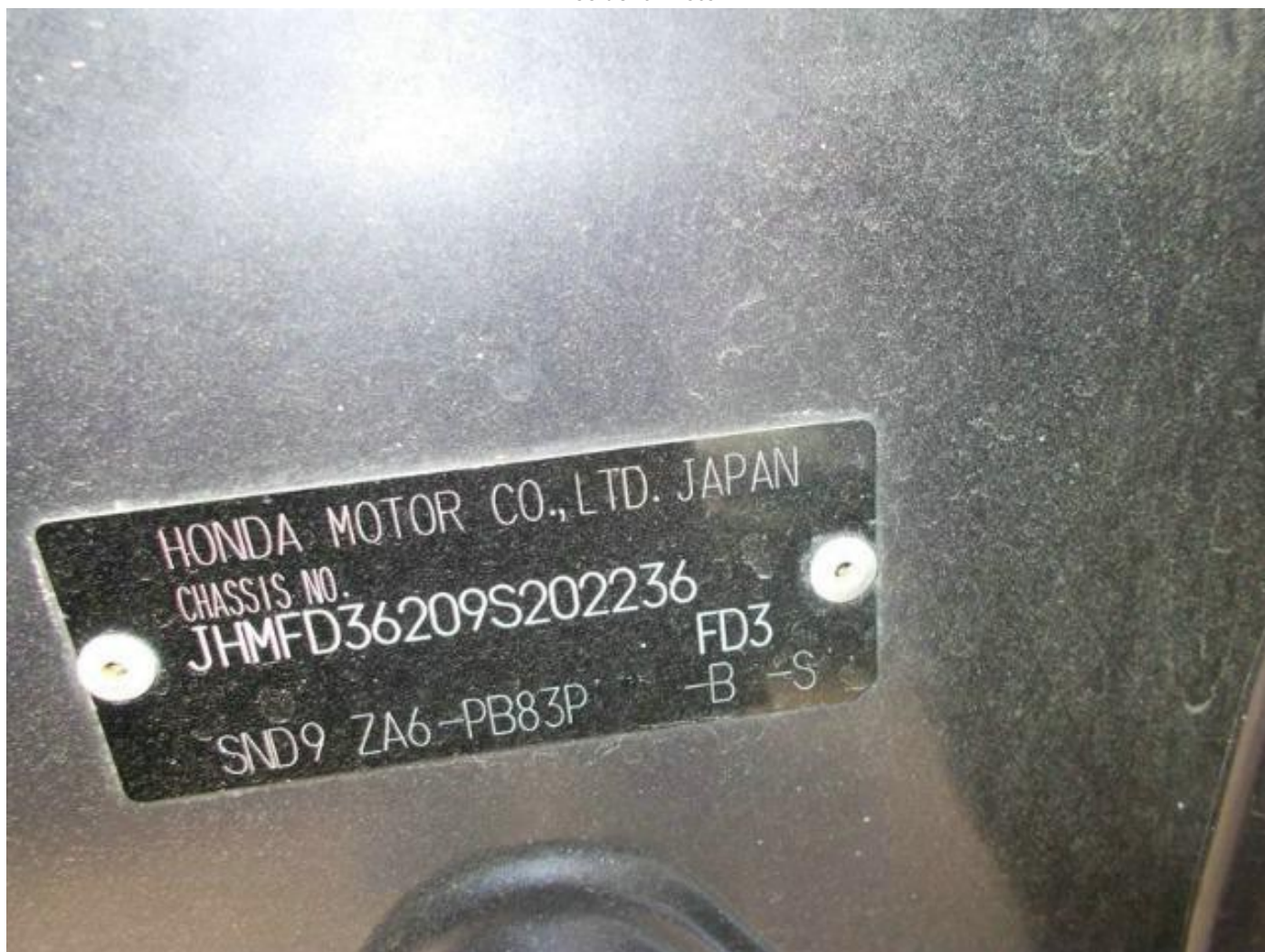
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