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 | 09/11/2020 09:36 |
| Date Of Accident | 07/11/2020 14:30 |
| Exact Location Of Accident | BEDOK RESERVOIR RD B4 JLN LEMBAH BEDOK |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SMJ1186J |
| Insured/Policyholder | |
| Name Of Registered Owner | GOH YONG HOCK |
| NRIC No | SXXXX282C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-83233698 |
| Alternative Phone No | OFFICE-83233698 |
| Vehicle Particulars | |
| Manufacturer | MERCEDES-BENZ |
| Model | C180 |
| 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 | NO |
| Policy Number | 5108697351-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | COH YONG HOCK |

Name of Driver GOH YONG HOCK
NRIC No SXXXX282C
Date Of Birth 08/10/1990
Occupation OUTDOOR
Date Of Driving Pass 11/05/2016

Driving Experience 4 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83233698

Fax Number

Contact Number OFFICE-83233698

EMail Address NOEMAIL

Address BLK 939 TAMPINES AVE 5 #08-169

Postcode 52093

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 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

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 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name KAMPONG UBI NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 9 EUNOS CRESCENT #01-2687, POSTCODE: 400009,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7479999 - FAX NO: 67453410

Was notice of intended Prosecution given?

If Yes, against whom?

NO

YES

Circumstances of Accident

REFER TO POLICE REPORT T/20201107/2080

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGT4605R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

Name GOH YONG HOCK Approximate Age Injuries Sustain BODY Injured person in which vehicle? SMJ1186J Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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 insurers) 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 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

| | | | | | | n = | 5MJ 1186J |
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GIARMS SkitchPlannarm, VII

POLICE REPORT





1 of 3

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Report No. T/20201107/2080

Tel No: 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 07/11/2020 17:22 | | /lade: | Vide Report No.: | Station Diary No.: 18 | | |
|--|--------------------|------------------------------|---|--|--|--|
| Informa | nt's Partic | ulars | The second second | A PERSONAL PROPERTY OF THE PARTY OF THE PART | | |
| Name of Informant: GOH YONG HOCK | | | Address: APT BLK 939 TAMPINES AVENUE 5 #08-169 SINGAPORE 520939 | | | |
| ID Type / ID No.: NRIC NO / S9037282C | | | Contact No.: Home/Office: | Mobile: 97708118 | | |
| National SINGAP | ity: PORE CITIZ | EN | Email: | 10 | | |
| Sex: Male | Age: 30 | Date of Birth: 08/10/1990 | Type of Informant: Driver | | | |
| Race: Chinese | | | Language: | Institution / School Name: | | |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: 3 | Date of Expiry: | | |

| Seneral Inform | mation of the Accid | ient | | NAME OF A PERSON. | |
|---|-----------------------------|------------------------------------|---|--------------------------------|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 07/11/2020 14:30 | Type of Location Y-Junction | |
| Location: BEDOK RESI Weather: Drizzling | ERVOIR ROAD | Road Surface: Wet | R | oad Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate | |
| Type of Collis Between Mov | ion: ing Vehicles - Head | To Rear | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | nyone conveyed by mbulance: | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------------------|-----------------------------|--------|---------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| SGT4605R | Car | | | | Slightly Damaged | 1 |
| SMJ1186J | Car | MERCEDES BENZ | C 180 BLUEEFFICI ENCY | Silver | Slightly Damaged | 0 |

| Details of V | ehicle Insurance | | IN THE PARTY | THE REAL PROPERTY. |
|--------------|-------------------|--------------|--------------|--------------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |

POLICE REPORT





Police Station Of Origin: Kampong Ubi NPP 9-Eunos Crescent #01-2687 SINGAPORE 400009 2 of 3 Report No. T/20201107/2080

Tel No: 1800-7479999

CONTINUATION OF REPORT

| Details of V | ehicle Insurance | THE STATE OF THE PARTY OF | NAME OF THE OWNER, | · 中国 · · · · · · · · · · · · · · · · · · |
|--------------|--|---------------------------|--------------------|--|
| Vehicle No. | Insurance Company | Insurance No V | Effective | Expiry Date |
| SMJ1186J | NTUC Income Insurance Co-Operative Limited | 5108697351-01 | 23/06/2020 | 22/06/2021 |

| Details of Perso | n Involved | | CONCRETE NAME OF STREET | 100 | SECTION 2 | |
|-------------------|--|----------------|-------------------------------------|--------------------------|---------------------------------|-------------|
| Any Pedestrian I | The state of the s | | | | No. of Concession, | |
| No. of Pedestriar | ns Injured: NIL | 11 | Use of Peo | destriar | Cross | ing: NA |
| Driver | では、100mm によりはは、 | NAME OF | | 200 | | The Promote |
| Name | NAIF SYAHIRAN BI | N NOREF | FENDY | ID No | | S8916896F |
| Related Vehicle | SGT4605R (Car) | | | Conta | ct No. | 87556517 |
| Hospital/Clinic | NIL | | Class Drivin Licend Expiry | g , | Class: 3 Date of Expiry: NIL | |
| Date Treatment | NIL | | Date Disci | the second second second | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | | NIL | |
| Driver | | SEU ALE | | 92 H | | |
| Name | GOH YONG HOCK | | | ID No | | S9037282C |
| Related Vehicle | SMJ1186J (Car) | SMJ1186J (Car) | | Conta | ct No. | 97708118 |
| Hospital/Clinic | NIL | | Class Drivin Licens Expiry | g | Class: 3 Date of Expiry: NIL | |
| Date Treatment | NIL | | Date Disch | narge | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | Injury | Slight | |

Brief Details.

I was driving along Bedok reservoir road towards Tampines Avenue 4 on the first lane. There was another vehicle infront of mine and it slowed down as it approached a junction with the hazard light turned on, as the vehicle infront of his was waiting to turn right into Jalan Lembah Bedok. I slowed down my vehicle carefully and the vehicle (SGT4605R) behind me was unable to stopped in time therefore hit the rear side of my vehicle. my vehicle's rear side bumper and boot was damaged due to the accident. I wish to state that I have an in car camera installed and it captured the whole incident. I suffered neck strain and was given 5 days of MC. No government property damage, no police attended to me.

POLICE REPORT





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009 3 of 3 Report No. T/20201107/2080

Tel No: 1800-7479999

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 G / Staff Sgt MUHAMMAD IRSYAD BIN ABDU KADER | M . |
|--|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 07/11/2020 17:22 |
| Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65 20414 GAPORE POLICE FORCE | Classification Of Case: |
| Authentication Stamp IP168 SIGNATURE | |

























