

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 Submission 04/01/2021 20:30 (SGT)
Date of Accident 02/01/2021 23:40 (SGT)
Exact Location of Accident Upper Bukit Timah Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA5592C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHIA WAI HONG
NRIC No SXXXX811C
Email Address ahmoi.goh@gmail.com
Mobile Phone No (Phone) +65-97686027
Alternative Phone No +--

VEHICLE PARTICULARS

Manufacturer Ford
Model Fiesta
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company India International
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D19MPC0000799_01
Cover Note Number -

DRIVER

Name of Driver GOH AH MOI
NRIC No SXXXX528Z
Date Of Birth 27/10/1959
Occupation Indoor

Date Of Driving Pass	06/04/1988
Driving experience	32 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97686027
Alt. Phone Number	-
Email Address	ahmoi.goh@gmail.com
Address	BLK 343 UPPER BUKIT TIMAH ROAD
Address complement	#02-07
Postcode	588196
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210103/7001.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU8314B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1


Name of injured person GOH AH MOI
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK
Injured person in which vehicle? SLA5592C
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

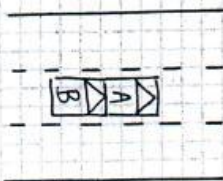

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

A - ~~SLA889~~ SLA889K
B - SKU8314B



Describe Circumstances of the Accident

ref to police report

Declaration

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

Witnessed by Reporting Centre Personnel


**SINGAPORE
POLICE FORCE**


T/20210103/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20210103/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2021 01:20	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: GOH AH MOI			Address: 343 UPPER BUKIT TIMAH ROAD #02-07 SINGAPORE 588196		
ID Type / ID No.: NRIC NO / S2539528Z			Contact No.: Home/Office: Mobile: 97686027		
Nationality: SINGAPORE CITIZEN			Email: ahmoi.goh@gmail.com		
Sex: Female	Age: 61	Date of Birth: 27/10/1959	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: House wife			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: 02/01/2021 23:40	Type of Location: Straight Road
Location: UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKU8314B	Car					1
SLA5592C	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**


T/20210103/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210103/7001

CONTINUATION OF REPORT

Driver			
Name	GOH AH MOI	ID No.	S2539528Z
Related Vehicle	SLA5592C (Car)	Contact No.	97686027
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, I was driving my vehicle (SLA5592C) along Upper Bukit Timah Road before Old Jurong Road exit. As the traffic light was red so I stop. When it turns green I was about to move off still stationary, a car (SKU8314B) hit onto my rear portion of my vehicle and causing an impact. After I get down and I found out that the driver couldn't brake in time. I was injured, seek for medical attention after the accident and was granted 3days MC.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210103/7001

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Report No. T/20210103/7001

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/01/2021 01:20

Classification Of Case: