SN08211D000C / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 13/01/2021 16:33 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
VERSION: 1 (13/01/2021 16:33 (SGT))

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 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.

ACCIDENT STATEMENT

Date of Submission	13/01/2021 16:33 (SGT)
Date of Accident	13/01/2021 07:40 (SGT)
Exact Location of Accident	Lornie Hwy, Singapore
Additional Location Information	TOWARDS PIE (TUAS) NEAR KHEAM HOCK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG7660H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH THIAM LAI
NRIC No	SXXXX521D
Email Address	gtl6945@yahoo.com.sg
Mobile Phone No	(Phone) +65-97593683
Alternative Phone No	+65-97593683

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 29148376 AT2
Cover Note Number	-

DRIVER

Name of Driver	GOH THIAM LAI
NRIC No	SXXXX521D
Date Of Birth	16/05/1965
Occupation	Indoor

Date Of Driving Pass	29/10/1992
Driving experience	28 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97593683
Alt. Phone Number	+65-97593683
Email Address	gtl6945@yahoo.com.sg
Address	BLK 262A COMPASSVALE STREET #11-121
Address complement	-
Postcode	541262
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210113/2050

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	GBG8949A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ2870R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBD506M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

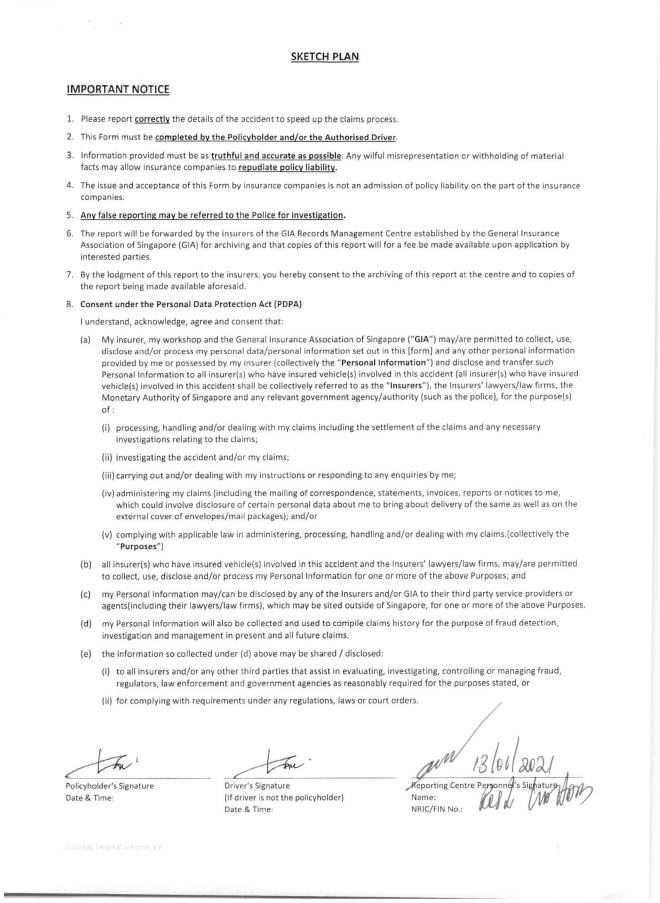
DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	GBD2636H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 THIAM LAI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SMG7660H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN

IMPORTANT NOTICE

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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.

13/01/2021

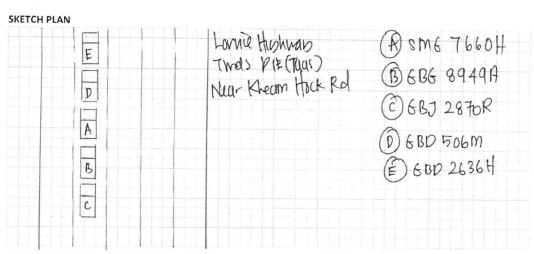
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T|20210113|2050

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.:

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

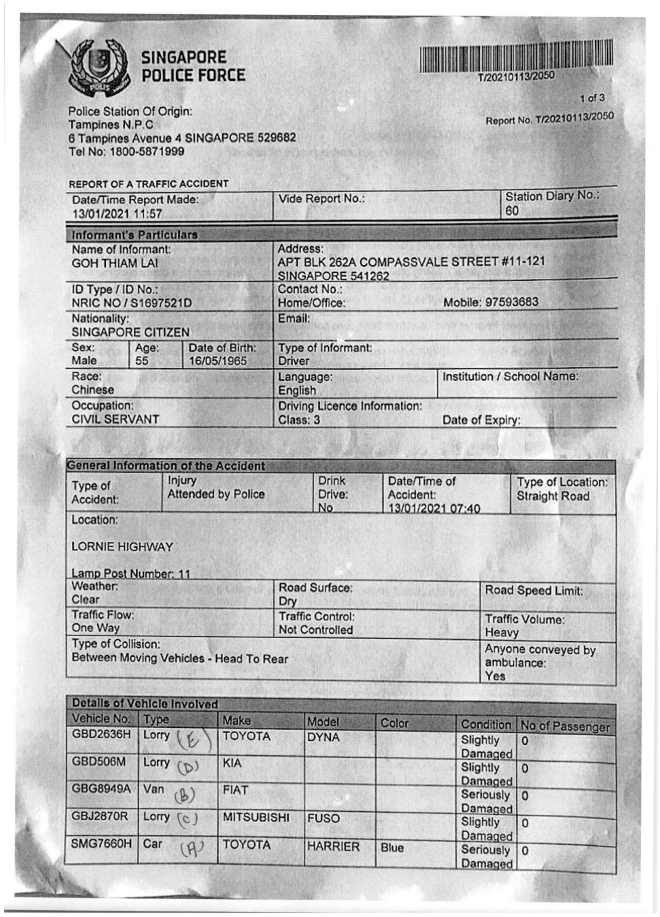

TOYOTA MOTOR CORPORATION JAPAN
MODEL ASU60R-ANTGT 1998
ENGINE 8AR-FTS
FRAME No. JTEKB3GH10J002748
OPTION
COLOR TRIM PLANT
8W7 EB21 A31
-03A
U661E

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9



SINGAPORE POLICE FORCE

T/20210113/2050

1 of 3

Report No. T/20210113/2050

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
13/01/2021 11:57		60

Informant's Particulars

Name of Informant: GOH THIAM LAI			Address: APT BLK 262A COMPASSVALE STREET #11-121 SINGAPORE 541262	
ID Type / ID No.: NRIC NO / S1697521D			Contact No.: Home/Office:	Mobile: 97593683
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 16/05/1965	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2021 07:40	Type of Location: Straight Road

Location:

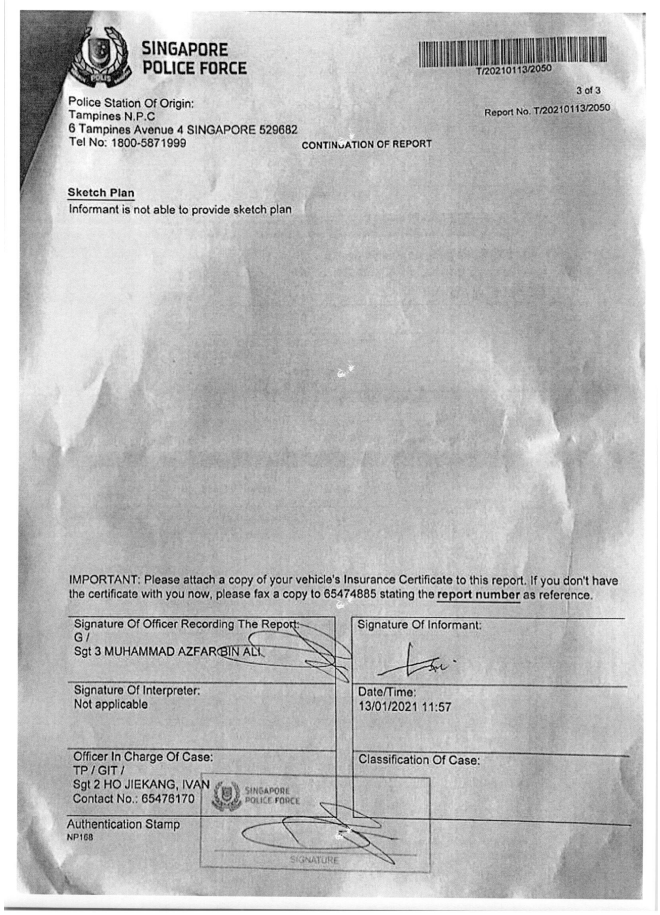
LORNIE HIGHWAY

Lamp Post Number: 11

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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD2636H	Lorry (E)	TOYOTA	DYNA		Slightly Damaged	0
GBD506M	Lorry (D)	KIA			Slightly Damaged	0
GBG8949A	Van (B)	FIAT			Seriously Damaged	0
GBJ2870R	Lorry (C)	MITSUBISHI	FUSO		Slightly Damaged	0
SMG7660H	Car (A)	TOYOTA	HARRIER	Blue	Seriously Damaged	0



SINGAPORE POLICE FORCE

T/20210113/2050

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20210113/2050

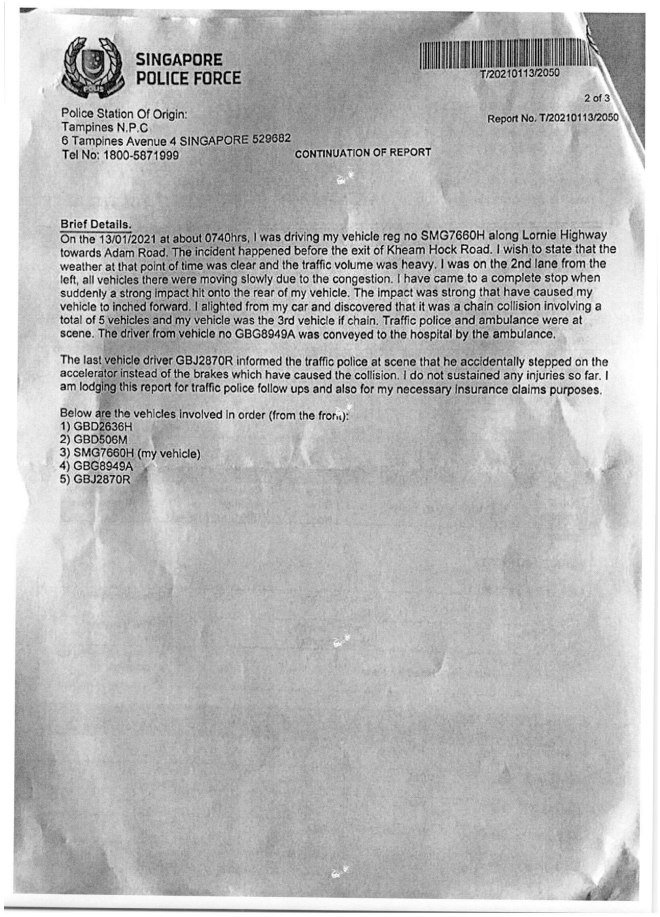
CONTINUATION OF REPORT

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 / Sgt 3 MUHAMMAD AZFAR BIN ALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/01/2021 11:57
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp NP168	SINGAPORE POLICE FORCE SIGNATURE

POLICE REPORT #3



SINGAPORE POLICE FORCE

T/20210113/2050

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No: T/20210113/2050

CONTINUATION OF REPORT

Brief Details.

On the 13/01/2021 at about 0740hrs, I was driving my vehicle reg no SMG7660H along Lornie Highway towards Adam Road. The incident happened before the exit of Kheam Hock Road. I wish to state that the weather at that point of time was clear and the traffic volume was heavy. I was on the 2nd lane from the left, all vehicles there were moving slowly due to the congestion. I have came to a complete stop when suddenly a strong impact hit onto the rear of my vehicle. The impact was strong that have caused my vehicle to inched forward. I alighted from my car and discovered that it was a chain collision involving a total of 5 vehicles and my vehicle was the 3rd vehicle if chain. Traffic police and ambulance were at scene. The driver from vehicle no GBG8949A was conveyed to the hospital by the ambulance.

The last vehicle driver GBJ2870R informed the traffic police at scene that he accidentally stepped on the accelerator instead of the brakes which have caused the collision. I do not sustained any injuries so far. I am lodging this report for traffic police follow ups and also for my necessary insurance claims purposes.

Below are the vehicles involved in order (from the front):
1) GBD2636H
2) GBD506M
3) SMG7660H (my vehicle)
4) GBG8949A
5) GBJ2870R