

# 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 ..... 16/01/2021 12:40 (SGT)  
Date of Accident ..... 15/01/2021 15:20 (SGT)  
Exact Location of Accident ..... Ubi Rd 1, Singapore  
Additional Location Information ..... UBI ROAD 1 (TWDS UBI AVE 4)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJM1362L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... POH CHOO SUAN  
NRIC No ..... S7146373G  
Email Address ..... danielgoheh@gmail.com  
Mobile Phone No ..... (Phone) +65-97533311  
Alternative Phone No ..... +65-97533311

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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 ..... AGI  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... P10122259R02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... GOH ENG HO  
NRIC No ..... S1603367G  
Date Of Birth ..... 11/03/1963  
Occupation ..... Indoor

Date Of Driving Pass .....	03/11/2010
Driving experience .....	10 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97533311
Alt. Phone Number .....	-
Email Address .....	danielgoheh@gmail.com
Address .....	BLK 24 TEBAN GARDENS ROAD #12-166
Address complement .....	-
Postcode .....	600024
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 - Change/cross lane
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

ON 15/01/2021 AT ABOUT 3.20PM, I WAS DRIVIGN ALONG UBI ROAD 1 TOWARDS UBI AVE 4. JUST AFTER PASSING THE JUNCTION OF UBI ROAD 1 AND UBI AVE 3, MOVING ABOUT 30M, A YELLOW TAXI (SHA8761J) SUDDENLY TURNED FROM OPPOSITE SIDE INTO MY LANE. I APPLIED BRAKE BUT IT HIT MY VEHICLE IN THE MIDDLE PART ON THE DRIVER SIDE.

#### 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 .....	SHA8761J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

Name of Driver .....	CHEE HIN CHENN
NRIC No .....	S1484671I
Contact Number .....	(Phone) +65-91175394
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	GOH ENG HO
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJM1362L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

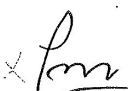
SKETCH PLAN

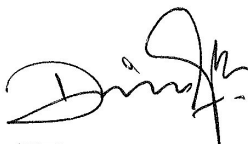
IMPORTANT NOTICE

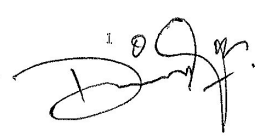
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.
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:

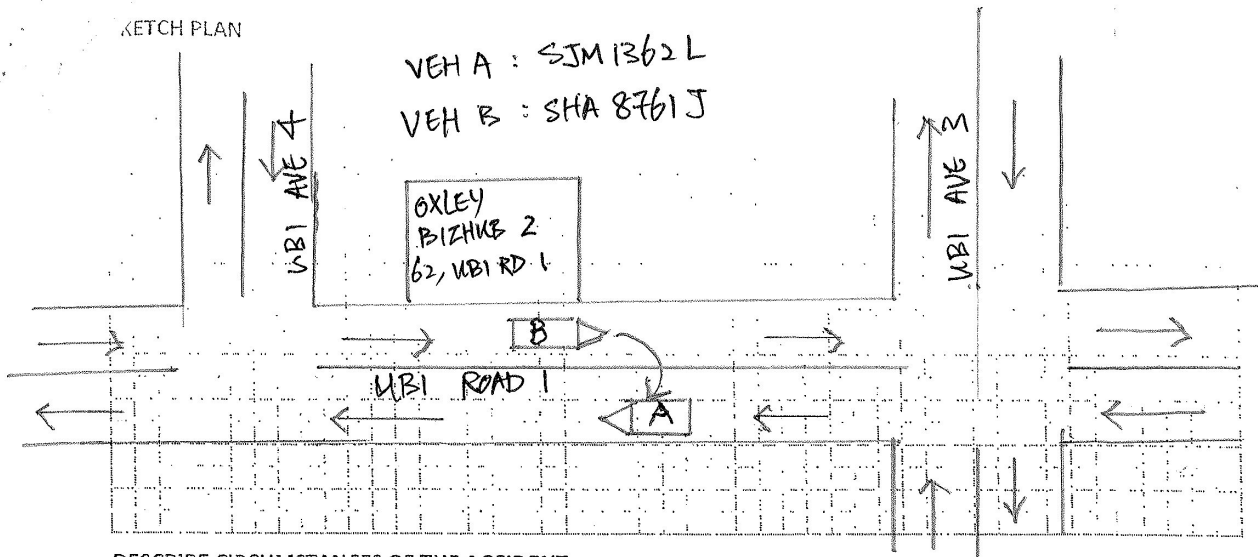
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

KINDLY SEND REPORT TO [phbms@yahoo.com](mailto:phbms@yahoo.com)  
 THANK YOU.  
 FAX NO: 67476918



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 15 JAN 2021 AT ABOUT 3.20 PM, I WAS DRIVING ALONG UBI ROAD 1 TOWARDS UBI AVE 4.

JUST AFTER PASSING THE JUNCTION OF UBI ROAD 1 AND UBI AVE 3, MOVING ABOUT 30M, A YELLOW TAXI NO: SHA 8761 J SUDDENLY TURNED FROM OPPOSITE SIDE INTO MY LANE, I APPLIED BRAKE BUT IT HIT MY VEHICLE IN THE MIDDLE PART ON THE DRIVER SIDE.

DECLARATION

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

*Pam*

Policyholder's Signature  
Date & Time:

*Disin*

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

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













**SINGAPORE  
POLICE FORCE**



T/20210116/7060

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

1 of 3

Report No. T/20210116/7060

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/01/2021 16:59		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: GOH ENG HO			Address: 24 TEBAN GARDENS ROAD #12-166 SINGAPORE 600024		
ID Type / ID No.: NRIC NO / S1603367G			Contact No.: Home/Office: Mobile: 97533311		
Nationality: SINGAPORE CITIZEN			Email: DANIELGOHEH@GMAIL.COM		
Sex: Male	Age: 57	Date of Birth: 12/03/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Delivery of CNY cookies			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: 15/01/2021 15:20	Type of Location: Straight Road
Location:  UBI ROAD 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA8761J	Car	HYUNDAI	Not sure	Yellow	Slightly Damaged	0
SJM1362L	Car	TOYOTA	Vios Auto	Silver	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210116/7060

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

2 of 3

Report No. T/20210116/7060

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM1362L	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10122259R02	22/12/2020	21/12/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHEE HIN CHENN		ID No.	S1484671I
Related Vehicle	SHA8761J (Car)		Contact No.	91175394
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	GOH ENG HO		ID No.	S1603367G
Related Vehicle	SJM1362L (Car)		Contact No.	97533311
Hospital/Clinic	TEBAN GARDEN CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/01/2021		Date	16/01/2021
No. of Days granted Medical Leave		05	Degree of	Slight

## Brief Details.

I was traveling along Ubi Rd 1 going towards Ubi Ave 4, after passing the junction of Ubi Rd 1 and Ubi Ave 3 about 30m ahead, a yellow taxi SHA8761J suddenly turned from opposite side into my traveling lane, I applied brakes but he was too fast and the front of his vehicle hit onto the middle of my vehicle of the driver side. I signaled him to move the vehicle to the left side so to avoid blocking the road. He apologized and we exchanged particulars and left the scene.



# SINGAPORE POLICE FORCE

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



T/20210116/7060

3 of 3

Report No. T/20210116/7060

## CONTINUATION OF REPORT

### Sketch 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 /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

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:  
16/01/2021 16:59

Classification Of Case:



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SS1Y211G0005 Vehicle Registration No: SJM 1362L  
Name (as shown in NRIC) : GOH ENG HO NRIC/EIN/Passport No : S1603367G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 24, TERAN GARDENS RD, #12-166 Singapore 600024  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97533311  
Email Address : danielgoheh@gmail.com  
Date of Accident : 15 JAN 2021 Time of Accident : 3.20 pm  
Place of Accident : UBI ROAD 1  
Insurance Company : BUDGET DIRECT INSURANCE

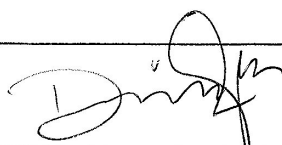
**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

HI SIR/MDM,

I WOULD LIKE TO ADD MY MC &  
POLICE REPORT T/20210116/7060.

TKS & BEST REGARDS.

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: 18/1/2021

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

It pays to choose

**Budget  
Direct**  
insurance

## Certificate of Insurance

 Comprehensive Car Policy  
 Policy Number: P10122259R02

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

### Certificate Number P10122259R02 s(Comprehensive / Named Driver Plan)

1) Vehicle Registration Number	:	SJM1362L
Chassis Number	:	-
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	22/12/2020 (00:00)
3) Date / Time of Expiry of Insurance	:	21/12/2021 (23:59)
4) Excess (i) Policy	:	S\$ 800.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	Poh Choo Suan
6) Persons or Classes of Persons Entitled to Drive*		
Drivers named as a Main / Named Driver in this Certificate of Insurance only.		
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.		
Main Driver / Date of Birth	:	Poh Choo Suan(18/12/1971)
Named Driver(s) / Date of Birth	:	Goh Eng Ho (12/03/1963)
7) Limitation as to use*		
Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.		
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.		
8) Finance Company	:	NA

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

 Issued in Singapore on  
 07/12/2020

 Auto & General Insurance (Singapore) Pte. Limited  
 Trading as Budget Direct Insurance



 Simon Birch  
 Chief Executive Officer

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance**  
 190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg

**TEBAN GARDEN CLINIC**

BLK 61 TEBAN GARDENS ROAD #01-01 SINGAPORE 600061

TEL: 65619052 FAX: 65623906 Co Reg No : 53321121B

**Medical Certificate**

Date : 16 Jan 2021

MC No. : 0000049584

This is to certify that :


Name : GOH ENG HO

NRIC : S1603367G

is Unfit for work for 5 days

from 16/01/2021 to 20/01/2021 inclusive.

Remarks : REQUIRED BY LAW TO STAY HOME 5 DAYS FOR ARI

  
DR KEVIN CHEW-MCR:09775F

TEBAN GARDEN CLINIC  
BLK 61 TEBAN GARDENS ROAD #01-01  
SINGAPORE 600061  
TEL: 65619052 FAX: 65623906

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

**TEBAN GARDEN CLINIC**

BLK 61 TEBAN GARDENS ROAD #01-01 SINGAPORE 600061  
TEL: 65619052 FAX: 65623906 Co Reg No: 53321121B

**Receipt**

Date : 16 Jan 2021  
Receipt No. : 86931  
Ref : 309827

For medical services rendered to

Name : GOH ENG HO

NRIC : S1603367G

Total amount \$ 10.00

( Dollars Ten Only )

TEBAN GARDEN CLINIC  
BLK 61 TEBAN GARDENS ROAD  
SINGAPORE 600061  
Tel: 6561 9052 Fax: 6562 3906  
Co Reg No: 53321121B  
Signature

**TEBAN GARDEN CLINIC**

BLK 61 TEBAN GARDENS ROAD #01-01 SINGAPORE 600061  
TEL: 65619052 FAX: 65623906 Co Reg No: 53321121B

**Receipt**

Date : 16 Jan 2021  
Receipt No. : 86930  
Ref : 309827

For medical services rendered to

Name : GOH ENG HO

NRIC : S1603367G

Total amount \$ 69.00

( Dollars Sixty Nine Only )

TEBAN GARDEN CLINIC  
BLK 61 TEBAN GARDENS ROAD  
SINGAPORE 600061  
Tel: 6561 9052 Fax: 6562 3906  
Co Reg No: 53321121B  
Signature