

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	04/02/2021 14:57 (SGT)
Date of Accident	03/02/2021 10:50 (SGT)
Exact Location of Accident	Hougang Ave 3, Singapore
Additional Location Information	Before Junction of Lorong Ah Soo
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5776G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PROJECT IMAGE PTE LTD
Company Reg No	2XXXXX451D
Email Address	WINSTONNAN@YAHOO.COM
Mobile Phone No	(Phone) +65-98241228
Alternative Phone No	(Office) +65-98241228

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	20-MT109993-R02
Cover Note Number	-

DRIVER

Name of Driver	GOH SOON TIONG
NRIC No	SXXXX805Z
Date Of Birth	30/05/1980
Occupation	Indoor

Date Of Driving Pass	13/12/2018
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98241228
Alt. Phone Number	-
Email Address	WINSTONAN@YAHOO.COM
Address	455 SIMS AVE #13-07
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report.

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	GBG9920A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIA BOON HEE
Contact Number	(Phone) +65-98210379

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 SOON TIONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBF5776G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

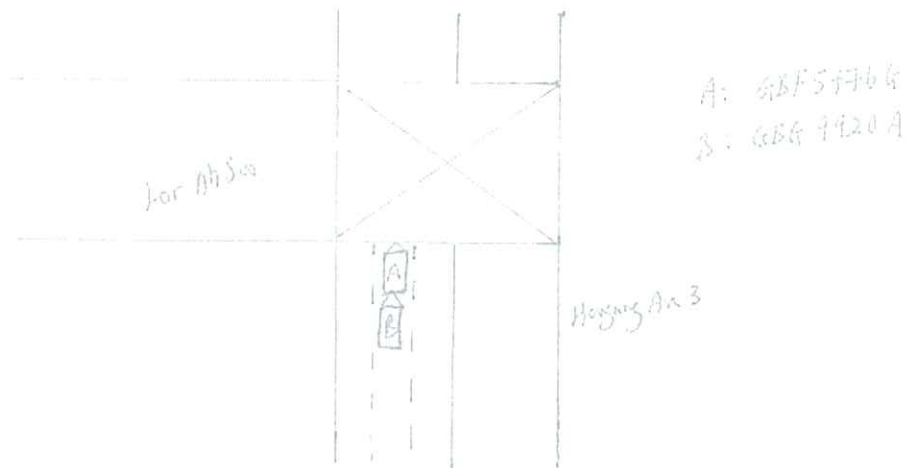
1. POLICE NOTICE

- a. I warrant the truthfulness of the contents of this sketch plan.
- b. It must be completed by the Policyholder and/or the Authorized Driver.
- c. Accidents must be reported as truthfully and accurately as possible, any wilful misrepresentation or withholding of material facts may constitute an offence to perpetrate police liability.
- d. I warrant that the police, including any insurance companies based on admission of policy liability on the part of the insurance company.
- e. The report may be referred to the Police for investigation.
- f. The report will be forwarded by the insurers of the RIA 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 of the insured.
- g. I warrant that I have read this report to the insurers, and have consented to the archiving of this report at the center and to request that a copy be made available at all times.
- h. I warrant that I have read this report to the insurers, and have consented to the archiving of this report at the center and to request that a copy be made available at all times.
- i. I warrant that I have read this report to the insurers, and have consented to the archiving of this report at the center and to request that a copy be made available at all times.
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- v. I warrant that I have read this report to the insurers, and have consented to the archiving of this report at the center and to request that a copy be made available at all times.
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- y. I warrant that I have read this report to the insurers, and have consented to the archiving of this report at the center and to request that a copy be made available at all times.
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Signature of the Policyholder

Signature of the Authorized Driver



RELEVANT CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.





SINGAPORE POLICE FORCE



T/20210204/2043

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20210204/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2021 13:39	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars			
Name of Informant: GOH SOON TIONG		Address: 455 SIMS AVENUE #13-07 SINGAPORE 387607	
ID Type / ID No.: NRIC NO / S8015805Z		Contact No.: Home/Office: Mobile: 98241228	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 30/05/1980	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PROJECT MANAGER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2021 11:00	Type of Location: T-Junction
Location: HOUGANG AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
GBF5776G	Van				Slightly Damaged	0
GBG9920A	Van					0

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



Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 3

Report No. T/20210204/2043

CONTINUATION OF REPORT

Driver				
Name	GOH SOON TIONG		ID No.	S8015805Z
Related Vehicle	GBF5776G (Van)		Contact No.	98241228
Hospital/Clinic	ONECARE CLINIC ALJUNIED MRT		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/02/2021		Date Discharge	04/02/2021
No. of Days granted Medical Leave	02		Degree of Injury	Slight
Driver				
Name	CHIA BOON HEE		ID No.	S1174319F
Related Vehicle	GBG9920A (Van)		Contact No.	92210379
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

Brief Details.

On the 03/02/2021 at about 11:00am, I was travelling along Hougang Avenue 3 heading towards Hougang direction. I was travelling along the middle lane of 3 lanes. As I was approaching the junction of Lorong Ah Soo, the traffic light had turned amber and I was not able to proceed. As such, I applied my brakes.

Suddenly, while I was braking and slowing down, I heard a loud bang coming from my vehicle's rear. I then come to a complete stop at the yellow box after the stop line where I was hit onto from the rear by another Black colored Van.

I then made a check on the other driver who informed that he was fine and was not visibly injured or require medical attention. We then exchanged particulars and took some photos of the accident.

As I felt pain on my neck and back area today, I seek treatment from a clinic and was given 2 days MC until 05/02/2021. I am lodging this report for insurance claim purpose. I have an in-vehicle camera facing the front however I am unsure if it was recording. That is all.



**SINGAPORE
POLICE FORCE**



T/20210204/2043

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 3

Report No. T/20210204/2043

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 KASYIDI BIN KADIR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

04/02/2021 13:39

Classification Of Case: