

# 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 ..... 08/02/2021 17:23 (SGT)  
Date of Accident ..... 06/02/2021 18:15 (SGT)  
Exact Location of Accident ..... Upper Cross St, Singapore  
Additional Location Information ..... UPPER CROSS STREET  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FZ4332H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GOH MIA KWEE  
NRIC No ..... SXXXX740F  
Email Address ..... martingoh8104@gmail.com  
Mobile Phone No ..... (Phone) +65-93836759  
Alternative Phone No ..... +65-93836759

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Wave  
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 ..... Motorcycle

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5120561332  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... GEORGE GOH SIOW HIAN  
NRIC No ..... SXXXX482E  
Date Of Birth ..... 06/11/1992  
Occupation ..... Outdoor

Date Of Driving Pass .....	14/01/2020
Driving experience .....	1 YEAR AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-93836759
Alt. Phone Number .....	-
Email Address .....	nove.georgeie@hotmail.com
Address .....	BLK 188 BOON LAY DRIVE
Address complement .....	#06-82
Postcode .....	640188
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Hit and run / Vandalism / Damaged whilst parked
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 .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED 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 .....	SMX6833T
Vehicle Manufacturer .....	Porsche
Vehicle Model .....	911
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ZHANG YI CHEN
NRIC No .....	TXXXX897J

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 ..... GEORGE GOH SIOW HIAN  
 Address ..... BLK 188 BOON LAY DRIVE  
 Address Complement ..... #06-82  
 Post Code ..... 640188  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... REFER REPORT  
 Injured person in which vehicle? ..... FZ4332H  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

### WITNESS DETAILS

WITNESS 1

Name ..... ANG ENG QUEE  
 Phone ..... (Phone) +65-93836759  
 Email ..... -

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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)**

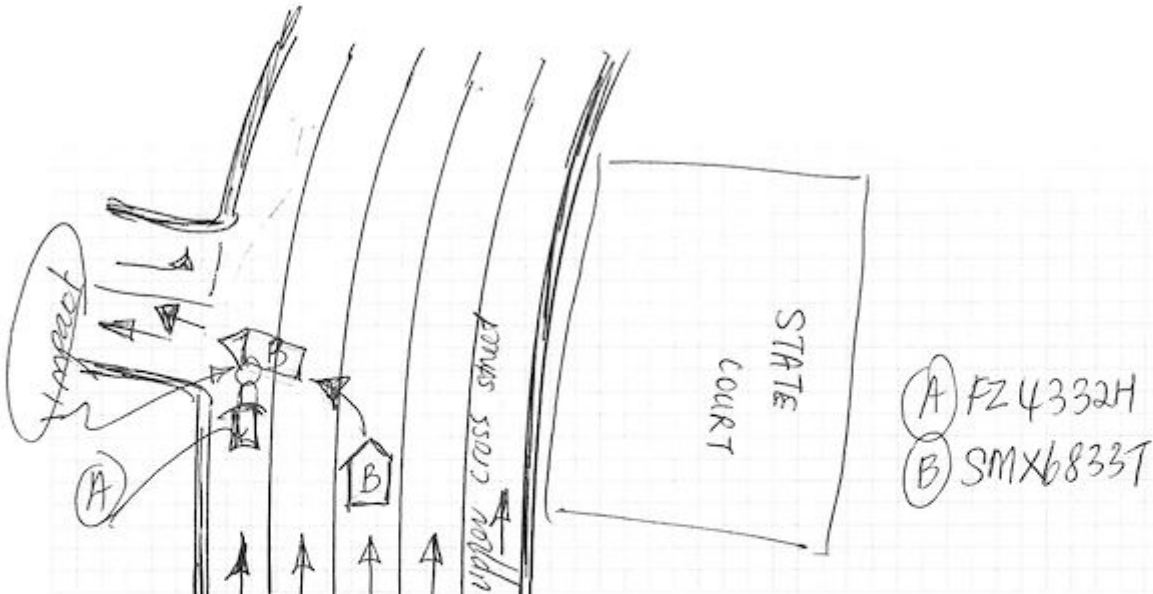
I understand, acknowledge, agree and consent that:

- (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.

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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer Police Report.*

*7/20210207/7012*

**DECLARATION**

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

\_\_\_\_\_  
Policyholder's Signature

*[Signature]*  
\_\_\_\_\_  
Driver's Signature

*[Signature]*  
\_\_\_\_\_  
Reporting Centre Personnel's Signature

































**SINGAPORE  
POLICE FORCE**

PR Addendum



T/20210208/2082

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No: T/20210208/2082

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/02/2021 14:22	Vide Report No.: T/20210207/7012	Station Diary No.: 78
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**Informant's Particulars**

Name of Informant: GEORGE GOH SIOW HIAN		Address: APT BLK 188 BOON LAY DRIVE #06-82 SINGAPORE 640188	
ID Type / ID No.: NRIC NO / S9241482E		Contact No.: Home/Office: Mobile: 93836759	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 06/11/1992	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Despatch worker		Driving Licence Information: Class: 2B,3A Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2021 18:15	Type of Location: Straight Road
Location: UPPER CROSS STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Hit and Run			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ4332H	Motorcycle	HONDA	WAVE 125R A	Red	Seriously Damaged	0
SMX6833T	Car	PORSCHE	911 CARRERA CABRIOLET AUTO	Blue	Slightly Damaged	1

**Details of Person Involved**

Adult Pedestrian Involved: No



**SINGAPORE  
POLICE FORCE**

PR Addendum



T/20210208/2082

Police Station Of Origin:  
Jurong West N.P.C  
766 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210208/2082

CONTINUATION OF REPORT

NIL

Rider			
Name	GEORGE GOH SIOW HIAN	ID No.	S9241482E
Related Vehicle	FZ4332H (Motorcycle)	Contact No.	93836759
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: Nil
Date Treatment	07/02/2021	Date Discharge	07/02/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Zhang Yi Chen	ID No.	T0077897J
Related Vehicle	NIL	Contact No.	NIL
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.**

There was 5 lanes on the road UPP CROSS STREET. I was travelling on the last lane at about 40-50km/h. There was a vehicle beside me at lane 4 and another car (SMX6833T) which was the vehicle I collided with. Said vehicle did a left turn into carpark of 34 cross street, towards PARK CRESCENT from 3 lanes. Basically he turned abruptly from 3 lanes which resulted in my motorcycle T-bone-ing the front of the passenger door. At that point of time, I was delivering food orders and my motorcycle was carrying food in the front basket of my motorcycle. After my motorcycle T-bone the passenger door, the food flew out and drop inside the front passenger seat. After which, the female passenger of the said vehicle threw the food back into my face and told the driver to drive off. Said vehicle, SMX6833T stopped for a brief moment and drove off towards the multi-storey carpark behind 34 cross street. No assistance was rendered by the latter. I gave chase with several other on-lookers and I would say that it was a hit and run accident. Police was called and ambulance was called to the scene.



**SINGAPORE  
POLICE FORCE**

*P R Addelem*



T/20210208/2082

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Report No. T/20210208/2082

Police Station Of Origin:  
Jurong West N.P.C  
701 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

NO OF P...  
0

**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:

J/L  
SG2 TAN WEN YANG, BRYAN *Bm*

Signature Of Informant:

*[Handwritten Signature]*

Signature Of Interpreter:  
Not applicable

Date/Time:  
08/02/2021 14:22

Officer In Charge Of Case:  
TP / GIT /

Staff Cpt NUR ADELINA BINTE MOHAMMAD  
FUAT SN 126

Classification Of Case:

Contact No.: 65476066

Authentication Stamp