

# 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 ..... 06/04/2021 17:40 (SGT)  
Date of Accident ..... 06/04/2021 14:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JALAN BUKIT MERAH, LAMPOST 109  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKC9071P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GOH SIN KOK  
NRIC No ..... S7228774F  
Email Address ..... ARTHURGOH@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-96329919  
Alternative Phone No ..... +65-96329919

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... SQ5  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2964

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800108579-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... GOH SIN KOK  
NRIC No ..... S7228774F

Date Of Birth .....	09/08/1972
Occupation .....	Indoor
Date Of Driving Pass .....	12/10/1993
Driving experience .....	27 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96329919
Alt. Phone Number .....	+65-96329919
Email Address .....	ARTHURGOH@HOTMAIL.COM
Address .....	141 LORONG 2 TOA PAYOH
Address complement .....	#13-154
Postcode .....	S311141
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 .....	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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MOK JIA FENG
Gender .....	Male

#### 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 ATTACHED.

#### 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 .....	SHD813E
Vehicle Manufacturer .....	-


Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	-


## Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT.

## Declaration

We declare the foregoing particulars are true in every respect.

 06/04/21  
4:20 PM.  
Policyholder's Signature / Date &  
Time

 06/04/21  
4:20 PM.  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

  
Witnessed by Reporting Centre  
Personnel

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

## 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.
- (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.

*[Signature]*  
05/04/21  
4:20pm

Policyholder's Signature / Date & Time


*[Signature]*  
05/04/21  
4:20pm

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

*[Signature]*  
WITNESSED BY REPORTING CENTRE PERSONNEL

Witnessed by Reporting Centre Personnel

## Sketch Plan

	<p>A: SKC 9071P</p> <p>B: SHD 813E</p>
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**SINGAPORE  
POLICE FORCE**



T/20210406/2108

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

1 of 3

Report No. T/20210406/2108

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/04/2021 16:57	Vide Report No.: A/20210406/0081	Station Diary No.:
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**Informant's Particulars**

Name of Informant: GOH SIN KOK	Address: 141 LORONG 2 TOA PAYOH #13-154 TOA PAYOH HEIGHTS SINGAPORE 311141		
ID Type / ID No.: NRIC NO / S7228774F	Contact No.:	Mobile: 96329919	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 48	Date of Birth: 09/08/1972	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Company director	Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/04/2021 14:30	Type of Location:
Location:  JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD813E	Car					0
SKC9071P	Car	AUDI	SQ5 3.0 TFSI QU (PSR)	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210406/2108

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

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Report No. T/20210406/2108

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC9071P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800108579-02	17/08/2020	16/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH SIN KOK		ID No. S7228774F
Related Vehicle	SKC9071P (Car)		Contact No. 96329919
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 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 ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS TRAVELLING STRAIGHT ALONG JALAN BUKIT MERAH ROAD AS I WAS TRAVELLING, THERE WAS TAXI VEHICLE RIGHT IN FRONT OF ME WENT TO MAKE A COMPLETE STOP OUT OF THE SUDDEN. UNFORTUNATELY I DID NOT MANAGE TO BRAKE ON TIME AND COLLIDED INTO THE BACK PORTION OF THE TAXI VEHICLE. THE FRONT PORTION OF MY VEHICLE WAS SLIGHTLY DAMAGED. I WAS NOT INJURED. I HAD PHOTOS OF THE INCIDENT. THAT IS ALL.



SINGAPORE  
POLICE FORCE



T/20210406/2108

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

3 of 3

Report No. T/20210406/2108

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:

TP /  
SC SAIFUL ILHAM BIN ZAHARI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:

06/04/2021 16:57

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature: 