

SS1Y214J0007 / SME MOTOR PTE LTD
 ENTRY DATE & TIME: 19/04/2021 13:33 (SGT)
 SUBMITTED BY: Chia Pei Ying
 VERSION: 1 (19/04/2021 13:33 (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 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	19/04/2021 13:33 (SGT)
Date of Accident	17/04/2021 09:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS PAYA LEBAR (SLIP RD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV694M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG CHUN KIAT
NRIC No	SXXXX346A
Email Address	shaughnng@gmail.com
Mobile Phone No	(Phone) +65-88782981
Alternative Phone No	+65-88782981

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
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA534803
Cover Note Number	-

DRIVER

Name of Driver	GOH PENG CHUAN
NRIC No	SXXXX966E



Date Of Birth	09/04/1964
Occupation	Indoor
Date Of Driving Pass	19/03/1986
Driving experience	35 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87782105
Alt. Phone Number	-
Email Address	anoygohpc01@gmail.com
Address	BLK 621 BEDOK RESERVOIR ROAD #10-1478
Address complement	-
Postcode	470621
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210418/2075.

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	SHD7305J
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	VEHICLE B
No. Of Passenger (Including Driver)	-

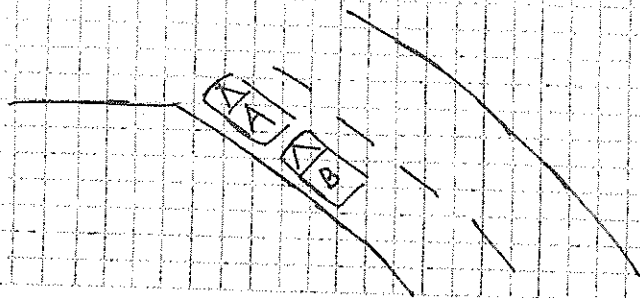
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH PENG CHUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJV694M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

A = SJV 694 M
B = SHD ~~7706~~ 7305 J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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

[Signature]
Policyholder's Signature &
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
DIN/PH No.:

IMPORTANT NOTICE

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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.

X

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.:



SINGAPORE POLICE FORCE



T/20210418/2075

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20210418/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2021 18:30		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: GOH PENG CHUAN			Address: APT BLK 621 BEDOK RESERVOIR ROAD #10-1478 SINGAPORE 470621		
ID Type / ID No.: NRIC NO / S1654966E			Contact No.: Home/Office: Mobile: 87782105		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 09/04/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Recycler			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/04/2021 09:40	Type of Location: T-Junction
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHD7305J	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue	Slightly Damaged	3
SJV694M	Car	TOYOTA	VIOS E AUTO	Beige	Seriously Damaged	0

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



Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20210418/2075

CONTINUATION OF REPORT

Driver			
Name	Neo Soon Keong		ID No. S6928970C
Related Vehicle	SHD7305J (Car)		Contact No. 87907305
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GOH PENG CHUAN		ID No. S1654966E
Related Vehicle	SJV694M (Car)		Contact No. 87782105
Hospital/Clinic	Unihealth Clinic (Bedok)		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	17/04/2021	Date Discharge	17/04/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 17/04/2021 at around 9.40am, I was driving along PIE (Tuas) and took Exit 11 to enter Paya Lebar Rd. I stopped at the filter lane as there were still vehicle passing by. Suddenly, my car jerked forward. After composing myself, I went out of my car to check what had happened. I saw that there was a Blue Comfort DelGro taxi that had rear-ended my car. I made a check to see if the driver and his passengers are okay and they are, after which I exchanged particulars with the driver. He then asked me to claim from my insurance as he could not afford to pay for the expenses. As the taxi driver had a passenger, he told me that he had to drive off first. After he left, I proceeded to my workshop, located at 1 Kaki Bukit Ave 6, #02-47. The surveyor made a check on my car and informed me that he will take photos of the damages, after which my vehicle will be under repair with the workshop. After settling my vehicle, I went home.

Around 2-3 hours after the incident, I started to feel sore on my neck, shoulder and my back. Due to that, I visited the clinic at B/214 Bedok North Street 1 (Unihealth Clinic Bedok) for the doctor's consultation. The doctor gave me 3 days' MC and some medications for the pain.

I am lodging this report for insurance purposes.



SINGAPORE
POLICE FORCE



T/20210418/2075

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20210418/2075

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 2 ARI HAIKAL BIN SUBTU

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476179

Signature Of Informant:

Date/Time:

18/04/2021 18:30

Classification Of Case:

Authentication Stamp

NP168

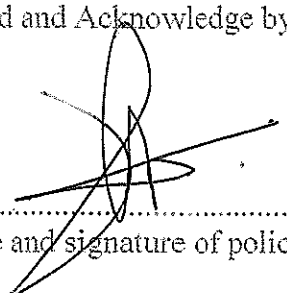
LETTER OF UNDERTAKING

I/We, NG CHUN KIAT (HUANG JUNJIE), the owner of vehicle no. SJU 694M
involving in an accident with vehicle no. (TP)SHD 707305J on 17/04/2021 along _____

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____
LEE BROTHERS AUTOMOTIVE PTE LTD

Signed and Acknowledge by:


Name and signature of policyholder

Company Stamp

Date