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 witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

19/04/2021 13:33 (SGT) 17/04/2021 09:40 (SGT) PIE, Singapore TWDS PAYA LEBAR (SLIP RD) Singapore

#### **DETAILS OF OWN VEHICLE**

SJV694M

Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No.

Nο NG CHUN KIAT SXXXX346A shaughnng@gmail.com (Phone) +65-88782981 +65-88782981

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission

CC

Private use

Tovota

Vios

No - Claiming third party

Private car Auto 1500

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

AXA Insurance Pte Ltd Comprehensive No GA534803

**GOH PENG CHUAN** SXXXX966E

Accident report SS1Y214J0007

Date Of Birth Occupation Date Of Driving Pass Driving experience

Gender Mobile Number

Alt. Phone Number Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No. Alt. Police Station Phone No. Police Station Address

Was notice of intended Prosecution given?

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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category

09/04/1964 Indoor 19/03/1986

35 YEARS AND 1 MONTH

(Phone) +65-87782105

anovgohpc01@gmail.com

BLK 621 BEDOK RESERVOIR ROAD #10-1478

470621

Nο Friend Nο

Collision - Head to Rear

Clear Drv

No 2

Yes Nο Yes

Νo

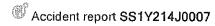
Yes

Eunos Neighbourhood Police Post (Phone) +65-18004439999 (Fax) +65-62444376

Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629

SHD7305J

Taxi



Name of Driver - Contact Number - Address - Address complement - Postcode - Insurance Company Name - Nature Of Damage - Address - Address - Address company Name - Address - Address company Name - Address -

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?

Were seat belts worn?

Ves

Was this injured conveyed to hospital by ambulance?

No

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SKETCH	PLAN				<b>B</b> :	1=SJV =SHD 7	694-m 386 7305		
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Critical's Significations
Of driver is not the project coder;
Date & Time:

Papor Pog Canti e Paraconnell's Signations Harne: HRIC/FN No.:

### SKETCH PLAN

# MPORTANT 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.
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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:

- 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")
  - 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
  - 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.
  - 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.
  - 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

K

Driver's St (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

General Information of the Accident

SINGAPORE 470629 Tel No: 1800-4439999

## REPORT OF A TRAFFIC ACCIDENT

1 of 3 Report No. T/20210418/2075

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

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	F	Road Speed Limit:
Traffic Flow:		Traffic Control:	7	raffic Volume:
Two Way		Not Controlled		/loderate
Type of Collisi Between Movi	ion: ing Vehicles - Head	a	Anyone conveyed by Imbulance: No	

Details of V	ehicle Invol	ved				
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



2 of 3

Report No. T/20210418/2075

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629

Tel No: 1800-4439999

#### CONTINUATION OF REPORT

Driver	N. Oser Voorg		ID No.	114140014755073801	S6928970C
Name	Neo Soon Keong		10		
F. 1 ( 137-1-1-1-1	SHD7305J (Car)		Contact	No.	87907305
Related Vehicle	SHD73003 (Cal)				
Li-seitel/Clinic	NIL		Class o	f	Class: 2B,3
Hospital/Clinic	INIL.		Driving		Date of Expiry: NIL
			Licence	8 e	
			Expiry	Date	
Date Treatment	NIL	Date Disch	narge	NIL	
No of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	
Driver				polici d	Company of the compan
Name	GOH PENG CHUAN		ID No.		S1654966E
110,110					
Related Vehicle	SJV694M (Car)		Contac	t No.	87782105
	, , ,				
Hospital/Clinic	Unihealth Clinic (Bedok)		Class of		Class: 3,4
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Driving		Date of Expiry: NIL
			Licenc		
			Expiry		
Date Treatment	17/04/2021	Date Disc			4/2021
No. of Davs grai	nted Medical Leave 03	Degree o	f Injury	Sligh	) <u>t</u>

### 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.





3 of 3

Report No. T/20210418/2075

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

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 Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	18/04/2021 18:30
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SSI TAY CHUN KEEN	
Contact No.: 65476179	
Authentication Stamp NP168	



# LETTER OF UNDERTAKING

I/We, NG CHUN KIAT (HUANG JUNJIE) involving in an accident with vehicle no. (1)	, the owner of vehicle <u>FP)SHD</u> <del>707805</del> 0n <u>17</u> 048	no. 63V 694M 2021 along
My/Our Insurance is under M/s AXA Into to claim under my/our Policy or against claim to M/s AXA Insurance Singapore 14(fourteen) days of occurrence or disco	the Third Party and if the for Pte Ltd with all relevant facts	mer shall submit such a
My/Our Third Party claim is handle by my LEE BROWERS AUTOMOTIVE PIE	/our preferred workshop,	*
Signed and Acknowledge by:  Name and signature of policyholder	Company Stamp	 Date