

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 02/06/2021 16:10 (SGT)
Date of Accident 01/06/2021 14:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information BETWEEN RIVER VALLEY ROAD & OXLEY RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG198Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH CHING HOE
NRIC No SXXXX118I
Email Address johngoh@gmail.com
Mobile Phone No (Phone) +65-98509926
Alternative Phone No +65-98509926

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5106375129-02 DC
Cover Note Number 14/12/2020 - 13/12/2021

DRIVER

Name of Driver GOH CHING HOE
NRIC No SXXXX118I

Date Of Birth	08/09/1977
Occupation	Outdoor
Date Of Driving Pass	21/12/1998
Driving experience	22 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98509926
Alt. Phone Number	+65-98509926
Email Address	johngoh@gmail.com
Address	BLK 984A BUANGKOK LINK #18-09
Address complement	-
Postcode	531984
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 - Major/Minor Rd
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GRAB/ GOJEK PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

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	SLS7299S
Vehicle Manufacturer	Honda

Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	KOO KAH HONG
NRIC No	SXXXX487D
Contact Number	(Phone) +65-92373707
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH CHING HOE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SMG198Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

(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

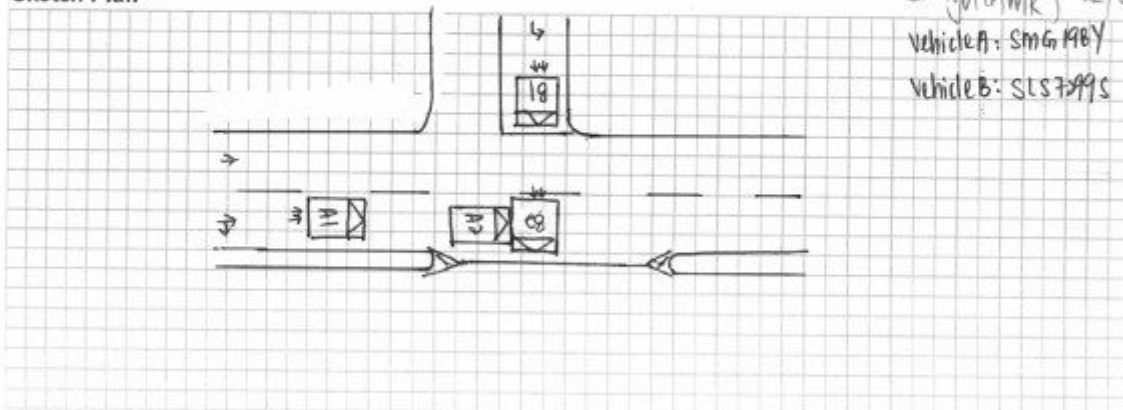
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

wuzhale
Policyholder's Signature / Date & Time

wuzhale 2/6/2021
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report No: T/20210601/2103

I will be repaying at JMG International Pte Ltd

Declaration

We declare the foregoing particulars are true in every respect.

Wardell
Policyholder's Signature / Date &
Time

under 2/6/2021

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

Witnessed by Reporting Centre
Personnel *(Signature)*

















**SINGAPORE
POLICE FORCE**



T/20210601/2103

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20210601/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2021 23:18	Vide Report No.:	Station Diary No.: 146
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Informant's Particulars

Name of Informant: GOH CHING HOE			Address: APT BLK 984A BUANGKOK LINK #18-09 SINGAPORE 531984	
ID Type / ID No.: NRIC NO / S7725118I			Contact No.: Home/Office: Mobile: 98509926	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 43	Date of Birth: 08/09/1977	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Private Hirer (Grab driver)			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2021 14:00	Type of Location: Straight Road
Location: RIVER VALLEY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS7299S	Car	HONDA	VEZEL	White	Slightly Damaged	0
SMG198Y	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Red	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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T/20210601/2103

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60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20210601/2103

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG198Y	NTUC Income Insurance Co-Operative Limited	5106375129-02	14/12/2020	13/12/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KOO KAH HONG		ID No.	S7435487D
Related Vehicle	SLS7299S (Car)		Contact No.	92373707
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
Driver				
Name	GOH CHING HOE		ID No.	S7725118I
Related Vehicle	SMG198Y (Car)		Contact No.	98509926
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	01/06/2021		Date Discharge	01/06/2021
No. of Days granted Medical Leave		05	Degree of Injury	NIL

Brief Details.

On 01/06/2021 at about 1420hrs, I was driving along River Valley Road on Lane 1. I was driving a Red Honda Shuttle - SMG198Y. Out of a sudden, a vehicle from Oxley Road made a right turn into my direction. I could not brake in time and hit onto it. The vehicle was a White Honda Vezel - SLS7299S. The point of impact was between my front bumper and the other vehicle's driver side doors.

Both drivers came out of the vehicle. Made a check and no one including my passenger (a female Malay subject in her 30s) did not require any immediate medical attention but the ambulance come. My passenger was seated at the back, passenger side. I made a check and discovered that the said Vezel made an unauthorised right turn into my lane and direction. Shortly, traffic police came to the scene.

On the same day at about 1800hrs, I went to Sengkang General Hospital as I felt pain and discomfort around my neck area. I was discharged on the same day and awarded 5 days of medical leave from the same day until 05/06/2021.



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T/20210601/2103

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20210601/2103

CONTINUATION OF REPORT

I wish to state that I have video recording of the accident. That is all.



**SINGAPORE
POLICE FORCE**



T/20210601/2103

Police Station Of Origin:
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Report No. T/20210601/2103

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: F / Sr Staff Sgt MUHAMMAD SALAMUN B AHMAD	Signature Of Informant: <i>Wurhule</i>
Signature Of Interpreter: Not applicable	Date/Time: 01/06/2021 23:18
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Contact No.:	SN 77
Authentication Stamp NP168	



