

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 28/06/2021 14:37 (SGT)
Date of Accident 26/06/2021 17:00 (SGT)
Exact Location of Accident Sengkang, Singapore
Additional Location Information X JUNCTION OF SENGKANG EAST ROAD / COMPASSVALE DR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR4464G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE SOO LING
NRIC No SXXXX282C
Email Address Z_ZBEARINGS@HOTMAIL.COM
Mobile Phone No (Phone) +65-97837613
Alternative Phone No (Office) +65-97837613

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
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 1590

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10206036R01
Cover Note Number 16/08/2020 TO 15/08/2021

DRIVER

Name of Driver ZIMRI GOH JIAN HUI
NRIC No SXXXX833B

Date Of Birth	31/10/1995
Occupation	Indoor
Date Of Driving Pass	25/09/2020
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97837613
Alt. Phone Number	-
Email Address	ZIMRIGOH@GMAIL.COM
Address	BLK 295 PUNGGOL CENTRAL #13-513
Address complement	-
Postcode	820295
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	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 vehicle 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	LEE SOO LING
Gender	Female

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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ACCIDENT FOOTAGE WITH OWNER WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE5880T
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ONG WEE KOON
NRIC No	SXXXX114B
Contact Number	(Phone) +65-96389698
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	ZIMRI GOH JIAN HUI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AREA / WHIPLASH / HEADACHE
Injured person in which vehicle?	SLR4464G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Date of accident: 26.06.21 Time: 1700 Location: X-JUNCTION OF SENGKANG E
 My Vehicle A: SLR 44646 Vehicle B: GBE5880T Vehicle C: RD / COMPASSVALE PR

SKETCH PLAN

Describe Circumstances of the Accident

Please refer to police report attached.

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

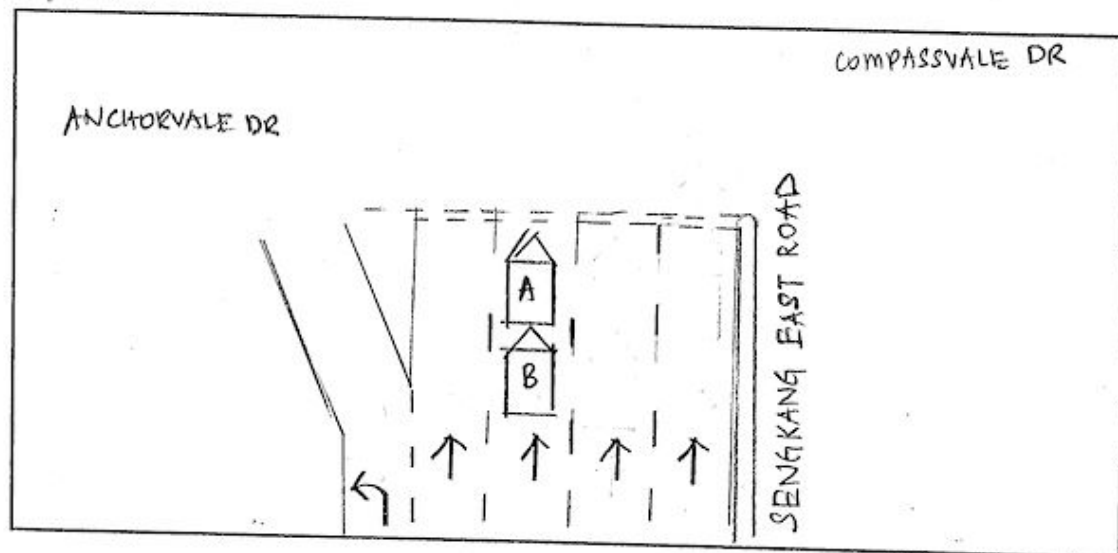
28/06/2021

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.
(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.

Sketch Plan



Policyholder's Signature / Date & Time

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



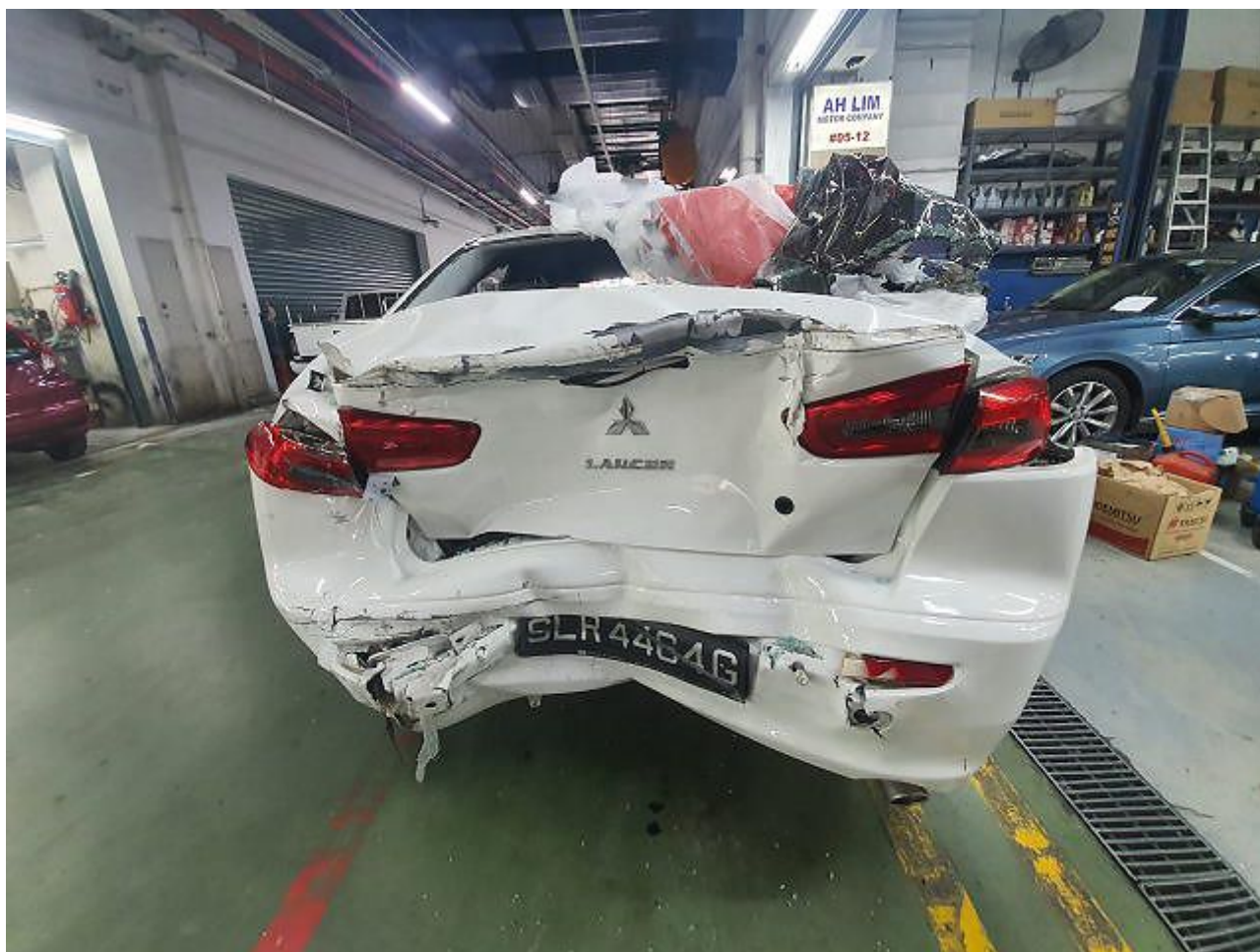
Witnessed by Reporting Centre Personnel

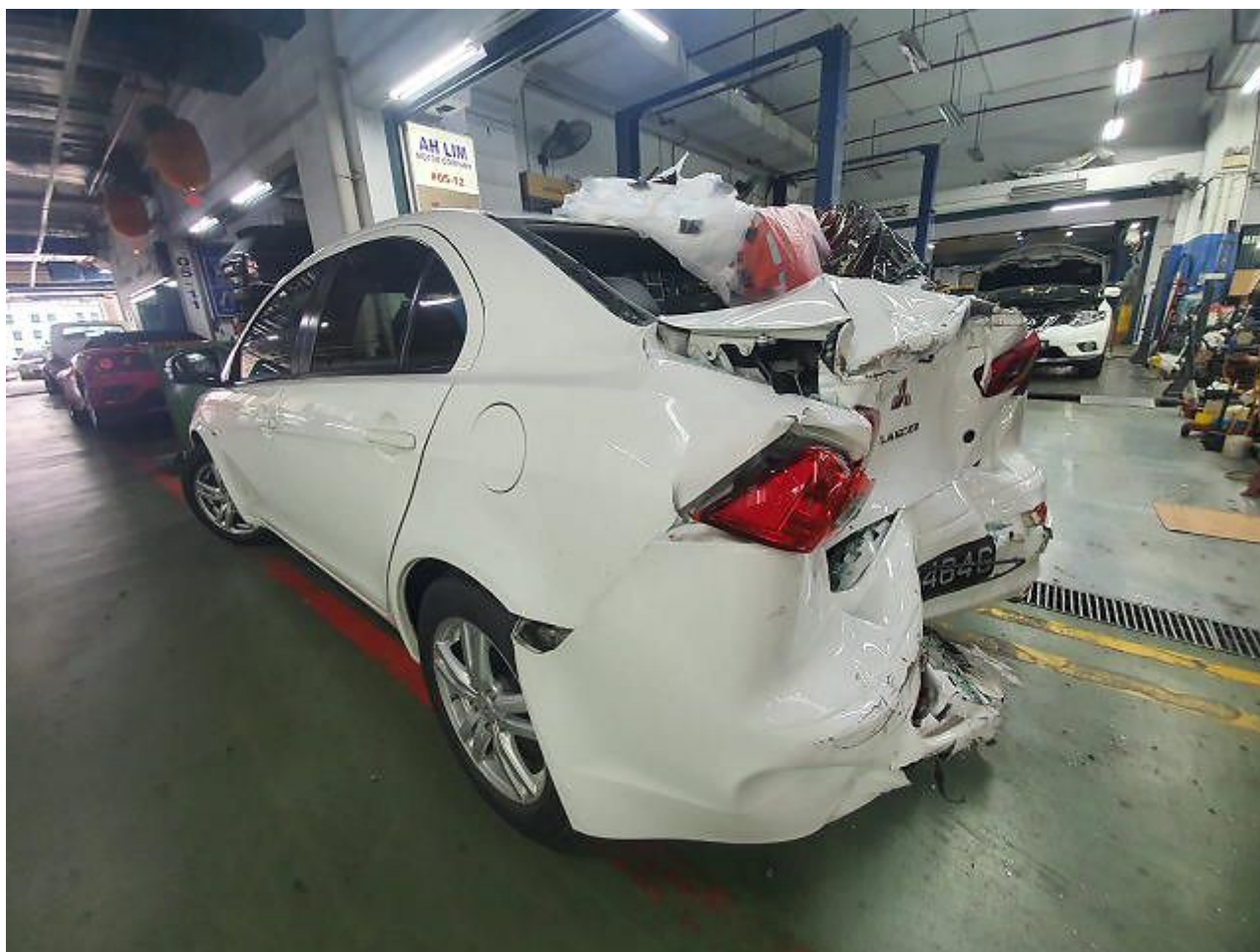
28/06/2021









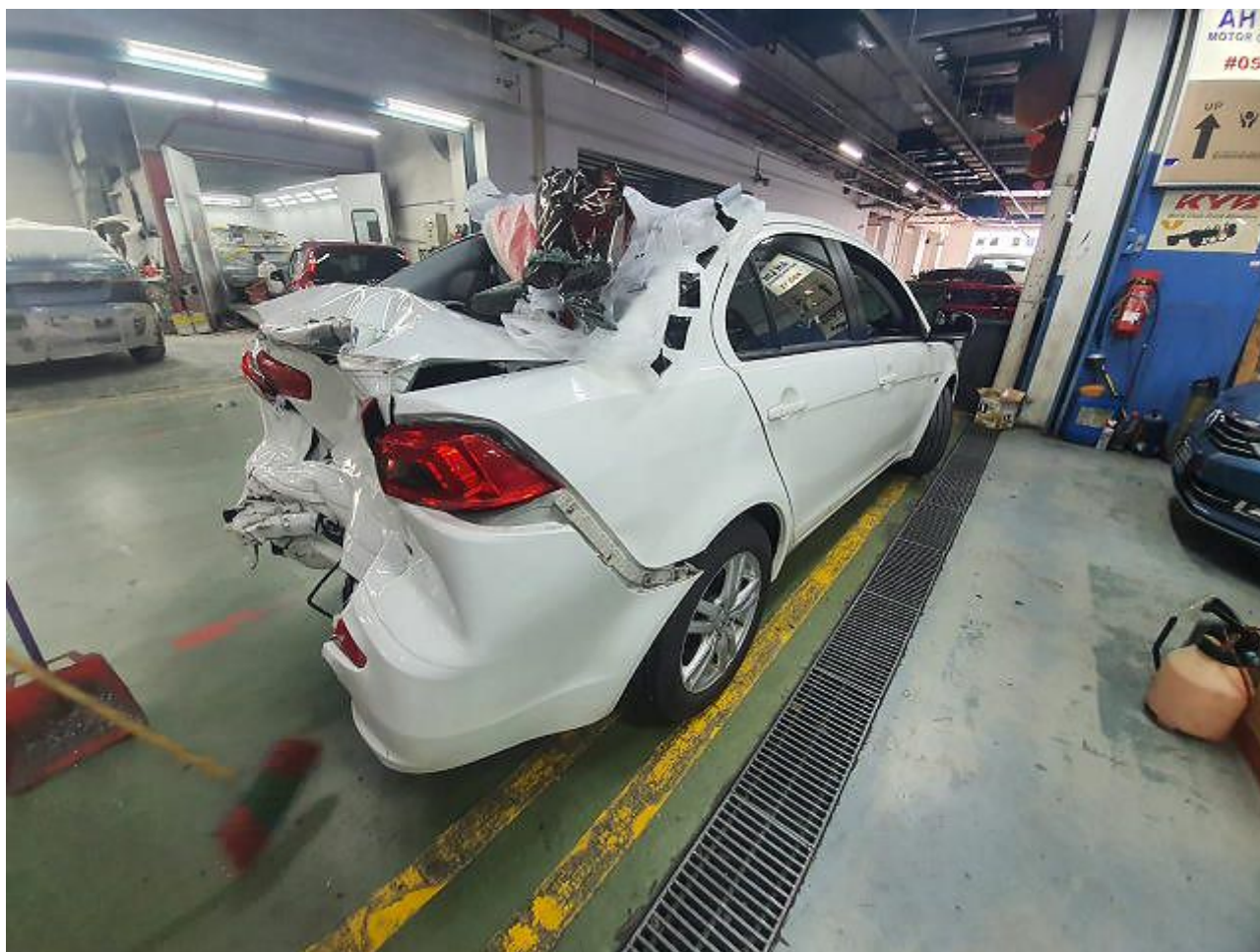




























**SINGAPORE
POLICE FORCE**



T/20210626/7023

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

1 of 4

Report No. T/20210626/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2021 19:27		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: ZIMRI GOH JIAN HUI		Address: 295 PUNGGOL CENTRAL #16-513 SINGAPORE 820295		
ID Type / ID No.: NRIC NO / S9539833B		Contact No.: Home/Office: Mobile: 82289986		
Nationality: SINGAPORE CITIZEN		Email: ZIMRIGOH@GMAIL.COM		
Sex: Male	Age: 25	Date of Birth: 31/10/1995	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Information technology security specialist		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/06/2021 17:00	Type of Location: X-Junction
Location: SENGKANG EAST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
GBE5880T	Lorry			Grey	Slightly Damaged	2
SLR4464G	Car					0



**SINGAPORE
POLICE FORCE**



T/20210626/7023

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

Report No. T/20210626/7023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG WEE KOON	ID No.	S1336114B
Related Vehicle	GBE5880T (Lorry)	Contact No.	96389698
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Vehicle Owner			
Name	LEE SOO LING	ID No.	S1358282C
Related Vehicle	SLR4464G (Car)	Contact No.	97837613
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	ZIMRI GOH JIAN HUI	ID No.	S9539833B
Related Vehicle	SLR4464G (Car)	Contact No.	82289986
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

The road was along Sengkang East, at the major X junction before the shell petrol station.
I stopped at the traffic junction and the lorry hit my car from behind.
2 Traffic Police officers came to our aid.



**SINGAPORE
POLICE FORCE**

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



T/20210626/7023

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Report No. T/20210626/7023

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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



T/20210626/7023

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Report No. T/20210626/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
26/06/2021 19:27

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20210629/2120

1 of 4

Report No. T/20210629/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2021 21:37		Vide Report No.: T/20210626/7023		Station Diary No.: 58	
Informant's Particulars					
Name of Informant: ZIMRI GOH JIAN HUI			Address: APT BLK 295 PUNGGOL CENTRAL #16-513 SINGAPORE 820295		
ID Type / ID No.: NRIC NO / S9539833B			Contact No.: Home/Office: Mobile: 82289986		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 31/10/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: IT officer			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/06/2021 17:00	Type of Location: X-Junction
Location: SENGKANG EAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
GBE5880T	Lorry	TOYOTA	Dyna	Grey	Slightly Damaged	1
SLR4464G	Car	MITSUBISHI	Lancer	White	Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210629/2120

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Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20210629/2120

CONTINUATION OF REPORT

Driver			
Name	ONG WEE KOON		ID No. S1336114B
Related Vehicle	GBE5880T (Lorry)		Contact No. 96389698
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	ZIMRI GOH JIAN HUI		ID No. S9539833B
Related Vehicle	SLR4464G (Car)		Contact No. 82289986
Hospital/Clinic	ETERN CLINIC PUNGGOL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Vehicle Owner			
Name	LEE SOO LING		ID No. S1358282C
Related Vehicle	SLR4464G (Car)		Contact No. 97837613
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.

This incident is vide to accident T/20210626/7023. The driver namely, Zimri Goh Jian Hui informed that he wishes to amend the followings:

- The number of passengers in vehicle bearing registration number: SLR4464G from 0 to 1.
- The car condition of vehicle bearing registration number: SLR4464G to be seriously damaged and the color and model of vehicle is updated
- 03 days of MC was granted by Sengkang General Hospital (27/06/2021) and Etern Clinic Punggol (28/06/2021 - 29/06/2021)

That is all.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20210629/2120

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Report No. T/20210629/2120

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20210629/2120

4 of 4

Report No. T/20210629/2120

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 /
Sgt 2 Phua Yuying

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/06/2021 21:37

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD.AFIQ BIN RAHMAT

Contact No : 65476171

Authentication Stamp
NP168

Classification Of Case:

SIGNATURE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA18216S0002 Vehicle Registration No: SLR4464G
 Name (as shown in NRIC) : ZIMRI GOH JIAN HUI NRIC/FIN/Passport No : S9539833B
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 295 PUNGGOL CENTRAL #16-513 Singapore (820295)
 Contact (Tel) : Mobile No.: 82289986
 Email Address : zimrigoh@gmail.com
 Date of Accident : 26.06.21 Time of Accident : 1700HRS
 Place of Accident : X-JUNCTION OF SENGKANG EAST RD/COMPASSVALE DR
 Insurance Company: BUDGET DIRECT

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO ADD AMENDED POLICE REPORT AND INJURY

ZMR

Policyholder / Driver's Signature
 Date:



Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

30/06/2021

SA18216S0002 V3