

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 30/07/2021 15:47 (SGT)
Date of Accident 29/07/2021 17:25 (SGT)
Exact Location of Accident KPE, Singapore
Additional Location Information TOWARDS ECP , EXIT TAMPINES ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBA6089B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PANG GIAP (211) PTE LTD
Company Reg No 2XXXXX232D
Email Address panggiap88@gmail.com
Mobile Phone No (Phone) +65-91286555
Alternative Phone No (Office) +65-91286555

VEHICLE PARTICULARS

Manufacturer Fiat
Model Doblo
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 Commercial vehicle
Transmission Manual
CC 1248

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMCVSNW00022822100
Cover Note Number -

DRIVER

Name of Driver GOH YEW HONG
NRIC No SXXXX099I

Date Of Birth	11/04/1958
Occupation	Outdoor
Date Of Driving Pass	15/10/1980
Driving experience	40 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98310137
Alt. Phone Number	-
Email Address	panggiap88@gmail.com
Address	BLK 213 SERANGOON AVENUE 4 #08-58
Address complement	-
Postcode	550213
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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	SLN4524M
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person GOH YEW HONG
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBA6089B
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

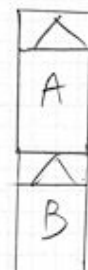
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



DOA: 29/07/2021,
17:25 PM

A: GBA 6089B

B: SLN 4524M

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT.

Declaration

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









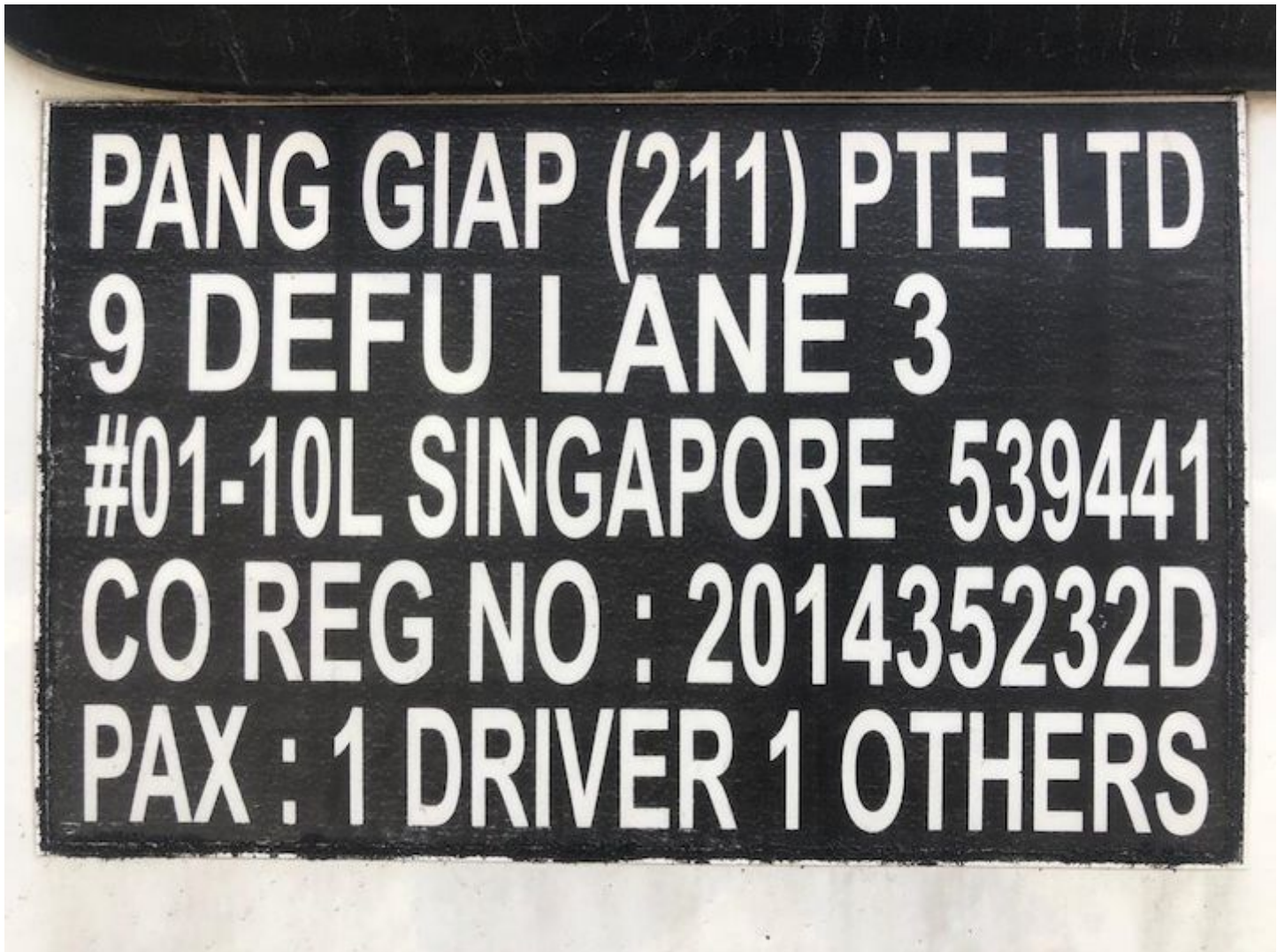























**SINGAPORE
POLICE FORCE**


T/20210730/2028

1 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20210730/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2021 12:10	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: GOH YEW HONG		Address: APT BLK 213 SERANGOON AVENUE 4 #08-58 SINGAPORE 550213	
ID Type / ID No.: NRIC NO / S1296099I		Contact No.: Home/Office: Mobile: 98310137	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 11/04/1958	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2021 17:25	Type of Location: Bend
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
GBA6089B	Van	FIAT	Doblo	White	Slightly Damaged	0
SLN4524M	Car	MAZDA		Blue	Slightly Damaged	0

Details of Person Involved

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


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556129
Tel No: 1800-4880999



T/20210730/2028

2 of 3

Report No. T/20210730/2028

CONTINUATION OF REPORT


Driver Name	GOH YEW HONG		ID No.	S1296099I
Related Vehicle	GBA6089B (Van)		Contact No.	98310137
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/07/2021	Date Discharge	29/07/2021	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Name	YEO JIE HAO		ID No.	S9523498D
Related Vehicle	NIL		Contact No.	98377184
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.

On 29.07.2021 at about 5.26pm, I was travelling along KPE towards ECP exiting Tampines Rd to turn right towards Defu Lane. I stopped my vehicle as the traffic light was red. While I was waiting for the traffic light, a vehicle (SLN4524M) hit on the rear of my vehicle. I alighted from my vehicle to make a check. My rear side of my vehicle was slight damaged and the other vehicle front bumper was damaged. We exchange our particulars and left the accident scene.

On 29.07.2021, I went to Mount Alvernia hospital for a check up as the back of my neck was aching from the accident. I was given 5 days of MC from the injury.

10/30/2028
2 of 3
No. T/20210730/2028

 **SINGAPORE
POLICE FORCE**

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50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999


Report No. T/20210730/2028

3 of 3

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 / SI MUHAMMAD NIZHAM BIN MUSTAPA	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/07/2021 12:10
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:

Authentication Stamp
NP168

SN 156


SIGNATURE











