

 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 18/08/2021 14:52 (SGT)
Date of Accident 17/08/2021 17:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE (TUAS) AFTER PAYA LEBAR EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE6820K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner INSPIRATION DESIGN CONSTRUCTION PTE. LTD.
Company Reg No 200601986N
Email Address gohkimtng@yahoo.com.sg
Mobile Phone No (Phone) +65-66129023
Alternative Phone No (Office) +65-66129023

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5115028562-01
Cover Note Number 07/02/2021 - 06/02/2022

DRIVER

Name of Driver GOH KIM TNG
NRIC No S7708673J

Date Of Birth	30/03/1977
Occupation	Indoor
Date Of Driving Pass	11/09/2000
Driving experience	20 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91208487
Alt. Phone Number	-
Email Address	gohkimtng@yahoo.com.sg
Address	BLK 35 CHAI CHEE AVENUE #06-262
Address complement	-
Postcode	461035
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

PASSENGER 3

Name	PASSENGER
Gender	Male

PASSENGER 4

Name	PASSENGER
Gender	Male

PASSENGER 5

Name	PASSENGER
Gender	Male

PASSENGER 6

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Chai Chee Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004459999

Alt. Police Station Phone No	(Fax) +65-62444375
Police Station Address	Blk 35 Chai Chee Avenue #01-256/258 Singapore 461035
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ3730X
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Canter
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEE KHA HOW
NRIC No	S9472388D
Contact Number	(Phone) +65-98370977
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF1148X
Vehicle Manufacturer	Toyota
Vehicle Model	Regius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ZHANG ZHIPENG
NRIC No	S9673800E
Contact Number	(Phone) +65-83995128
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMR7393X
Vehicle Manufacturer	Volkswagen
Vehicle Model	Golf
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	STEPHEN JOHN MCVEY
NRIC No	S6866022Z
Contact Number	(Phone) +65-91519633

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 KIM TNG
Gender	Male
Phone No	(Phone) +65-91208487
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE6820K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 18/08/2021 14:31

Report No: MT _____ D.O.A: 17/08/2021
Time: 17:15 hrs

Vehicle No: GBF6820K Reporting Type: _____

SKETCH PLAN

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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.



18-08-21 / 14:31

Policyholder's Signature / Date & Time

[Handwritten Signature]

18-08-21 / 14:31

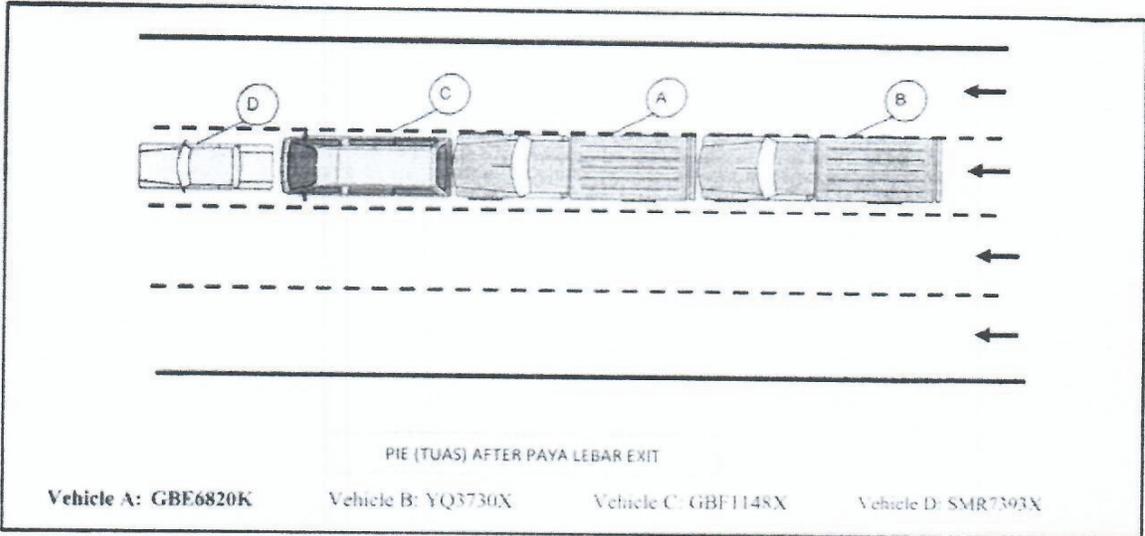
Driver's Signature (If driver is not the policyholder) / Date & Time

[Handwritten Signature]

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20210818/2033

[Empty space for describing the accident circumstances]

Declaration

We declare the foregoing particulars are true in every respect.



18/08/21 / 14:31

Policyholder's Signature / Date & Time

18/08/21 / 14:31

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

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210818/2033

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

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Report No: T/20210818/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 18/08/2021 13:09	Video Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: GOH KIM TNG			Address: APT BLK 35 CHAI CHEE AVENUE #06-262 SINGAPORE 461035		
ID Type / ID No.: NRIC NO / S7708673J			Contact No.: Home/Office: Mobile: 91208487		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 30/03/1977	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SENIOR TECHNICAL OFFICER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/08/2021 17:15	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY			
Weather: Heavy rain	Road Surface: Wet	Road Speed Limit	
Traffic Flow: Dual Carnage Way	Traffic Control: Not Controlled	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
GBE6820K	Lorry	TOYOTA	DYNA	White	Slightly Damaged	7
GBF1148X	Van	TOYOTA	REGIUS ACE	Silver	Slightly Damaged	0
SMR7393X	Car	VOLKSWAGO N	GOLF	Grey	Slightly Damaged	0
YQ3730X	Lorry	MITSUBISHI	CANTER	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210818/2033

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

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Report No T/20210818/2033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH KIM TNG	ID No	S7708673J
Related Vehicle	GBE6820K (Lorry)	Contact No	91208487
Hospital/Clinic	SINGHEALTH POLYCLINICS - BEDOK	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Date Treatment	18/08/2021	Date Discharge	18/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ZHANG ZHIPENG	ID No	S9673800E
Related Vehicle	GBF1148X (Van)	Contact No	83995128
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	STEPHEN JOHN MCVEY	ID No	S6866022Z
Related Vehicle	SMR7393X (Car)	Contact No	91519633
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



**SINGAPORE
POLICE FORCE**



T/20210818/2033

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
481035
Tel No: 1800-4459999

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Report No: T/20210818/2033

CONTINUATION OF REPORT

Driver			
Name	LEE KHA HOW	ID No.	S9472388D
Related Vehicle	YQ3730X (Lorry)	Contact No.	98370977
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 17/08/2021 at around 1715hrs, I was driving my company vehicle with 6 of my workers intending to send them back to their dormitory. 1 was seated in the front passenger seat and the other 5 were seated at rear of the vehicle. I was travelling along the PIE after the Paya Lebar Exit on the lane 2. There was heavy rain at the point of time. Suddenly, the vehicle in front of me, bearing registration plate number GBF1148X, stopped. I also stopped behind him. Almost immediately after, I felt a large impact from the rear of my vehicle. The impact caused my vehicle to move forward and hit the vehicle that was in front of me. This then caused the vehicle in front of me to move forward and hit another vehicle in front of him which was a car bearing registration plate number SMR7393X. In total, there were 4 vehicles involved in this chain collision. The registration plate number of the lorry that had hit me from behind is YQ3730X.

I made a check on my workers and none of them were injured. The other drivers also did not require medical assistance. All of us exchanged particulars with one another and subsequently drove off. My vehicle sustained a dent at the front and rear. The left rear signal light was also damaged. Today, I felt pains at my lower back and decided to seek medical attention at the nearby Polyclinic. I was then given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20210818/2033

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35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

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Report No. T/20210818/2033

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 / Sr Staff Sgt MUHAMMAD DANIAL BIN SUMANAN	Signature Of Informant 
Signature Of Interpreter: Not applicable	Date/Time 18/08/2021 13:09
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	