

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	02/09/2021 13:38 (SGT)
Date of Accident	01/09/2021 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	X-JUNCTION AT TAMPINES AVE 5 AND TAMPINES AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW2745H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WOON LI YING ANGELIQUE
NRIC No	SXXXX725F
Email Address	jadem72@gmail.com
Mobile Phone No	(Phone) +65-97632425
Alternative Phone No	+65-97632425

VEHICLE PARTICULARS

Manufacturer	Honda
Model	JAZZ 1.5 CVT
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VP05028531
Cover Note Number	-

DRIVER

Name of Driver	DYLAN CHRISTOPHER GOH HSIEN CHUN
NRIC No	TXXXX157G

Date Of Birth	07/03/2002
Occupation	Indoor
Date Of Driving Pass	27/08/2021
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92280405
Alt. Phone Number	-
Email Address	dylanchrisgoh192@gmail.com
Address	BLK 540 SERANGOON NORTH AVE 4 #10-95
Address complement	-
Postcode	550540
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 - Cross Junction
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	AQIL DANY
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon North Neighbourhood Police Post
Police Station Address	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

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	SD card with Traffic Police
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB1020H
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BRANDON LIM
-	SXXXX769I
Contact Number	(Phone) +65-98730897
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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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.

*

Policyholder's Signature / Date & Time

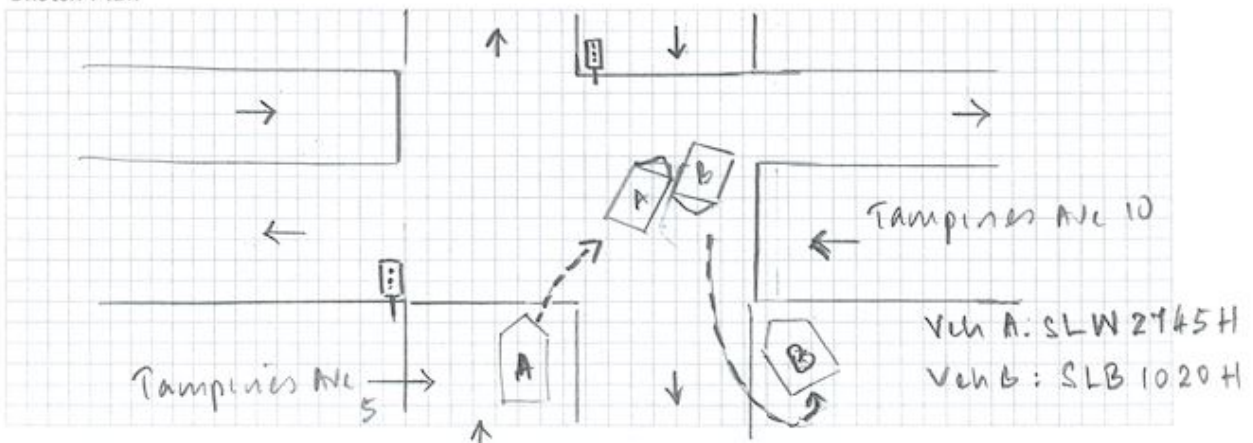
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Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

















**SINGAPORE
POLICE FORCE**



T/20210901/2103

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

1 of 3

Report No. T/20210901/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2021 21:14	Vide Report No.: G/20210901/0191	Station Diary No.: 38
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Informant's Particulars

Name of Informant: DYLAN CHRISTOPHER GOH HSIEN CHUN			Address: APT BLK 540 SERANGOON NORTH AVENUE 4 #10-95 SINGAPORE 550540		
ID Type / ID No.: NRIC NO / T0206157G			Contact No.: Home/Office: Mobile: 92280405		
Nationality: SINGAPORE CITIZEN			Email: dylanchrisgoh192@gmail.com		
Sex: Male	Age: 19	Date of Birth: 07/03/2002	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Student			Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/09/2021 19:00	Type of Location: X-Junction
Location: TAMPINES AVENUE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB1020H	Car					1
SLW2745H	Car					1

Details of Person Involved

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



**SINGAPORE
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T/20210901/2103

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20210901/2103

CONTINUATION OF REPORT

Passenger			
Name	ONE INFANT	ID No.	NIL
Related Vehicle	SLB1020H (Car)	Contact No.	NIL
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	BRANDON LIM	ID No.	S7936769I
Related Vehicle	SLB1020H (Car)	Contact No.	98730897
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	DYLAN CHRISTOPHER GOH HSIEN CHUN	ID No.	T0206157G
Related Vehicle	SLW2745H (Car)	Contact No.	92280405
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 01/09/2021 at about 1900hrs, I was driving in my vehicle, SLW2745H along Tampines Ave 5. I made a check and there was no oncoming traffic. I proceeded to turn right into Tampines Ave 10. All of a sudden, I collided into one vehicle SLB1020H. I made a check on my passenger and I alighted from my vehicle to check on the other driver and the passenger. The said driver said that they were fine and we exchanged our particulars. Subsequently, TP arrived and advised me to lodge this police report after issuing me a case card.



**SINGAPORE
POLICE FORCE**



T/20210901/2103

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20210901/2103

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 ONG ZHEN ZUO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/09/2021 21:14

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt ABDUL RAHIM BIN SALIM
Contact No.: 65476437

Classification Of Case:

Authentication Stamp
NP168

