

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	28/09/2021 19:49 (SGT)
Date of Accident	27/09/2021 09:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS EXIT 15
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA4456T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KENNY GOH WEIXIANG
NRIC No	S9123248J
Email Address	kenny_xiang1991@hotmail.com
Mobile Phone No	(Phone) +65-92204499
Alternative Phone No	+65-92204499

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
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	1200

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120937818
Cover Note Number	-

DRIVER

Name of Driver	KENNY GOH WEIXIANG
NRIC No	S9123248J

Date Of Birth	06/07/1991
Occupation	Indoor
Date Of Driving Pass	03/10/2013
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92204499
Alt. Phone Number	+65-92204499
Email Address	kenny_xiang1991@hotmail.com
Address	BLK 203 BUKIT BATOK ST 21 #04-20
Address complement	-
Postcode	650203
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	Side Swipe
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?	Yes
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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT9678M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LING LEE TECK
NRIC No	S2553445Z
Contact Number	(Phone) +65-98150677
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KENNY GOH WEIXIANG
Gender	Male
Phone No	(Phone) +65-92204499
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND LEFT BODY PAIN (5 DAYS HOSPITALIZATION LEAVE & 2 DAYS MC BY BT BATOK POLYCLINIC)
Injured person in which vehicle?	SJA4456T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

1. VEHICLE NO. SJA4450T
2. INSURER CO. NTUC
3. ACCIDENT DATE & TIME 27/09/21 @ 0940

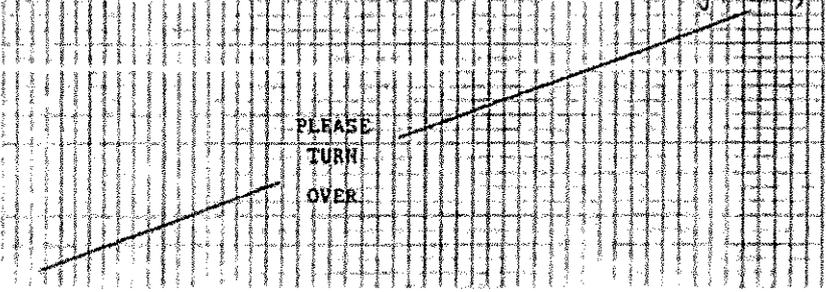
IMPORTANT NOTICE

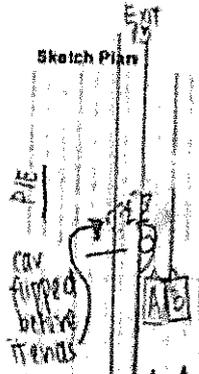
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form shall be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **rescind the 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 statements may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the CIA 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.
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 firm/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 transactions or responding to any enquiries by me;
 - (iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to being about delivery of the same as well as on the external cover of envelopes and 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 firm/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 firm/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
[Signature]
Time 28/09/21
Sketch Plan

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

Witness for Reporting Centre
Personal
[Signature] 28/09/21





A: SJA 44507 (alone)
 B: SLT 907877
 Ling Lei Teik (alone)
 JS 25534457
 MP 98150677

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SJA 44507 (NTUC)
 Date & Time: 27/04/2021 @ 0900 (clear way)
 refer to police report no: F/20210927/9068

P/S: Due to the great impact, my front LH door glass was smashed during the car flipped and caused my phone and a pair of glasses flew out of the car. I managed to recover my phone at the scene but there was no trace of my glasses (valued at \$150/-). As such, I wished to get a claim on my glasses that's all.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION
 I/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: _____
 Name: _____
 NRIC/ID No.: (AMK)

Claim Own Policy Claim Third Party Reporting Only
 Claim ODTP at other workshop

IMAGES



IMAGES #2

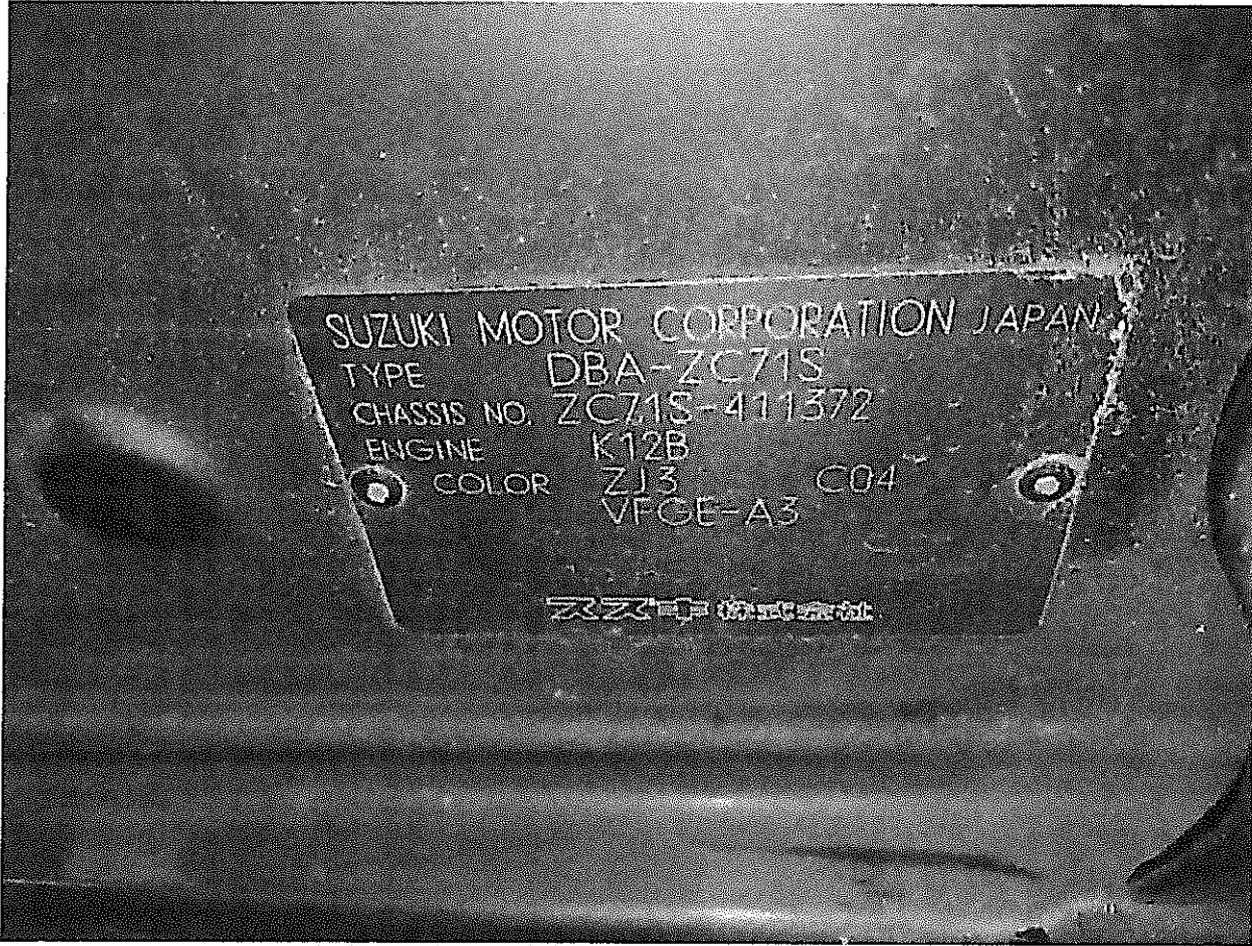


IMAGES #3















**SINGAPORE
POLICE FORCE**



F/20210927/7068

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POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Report No. F/20210927/7068

Date/Time Report Made 27/09/2021 20:28	Vide Report No.	Station Diary No.
Name Of Informant KENNY GOH WEIXIANG	Address 203 BUKIT BATOK STREET 21 #04-20 SINGAPORE 650203	
ID Type / ID No. NRIC NO / S9123248J	Contact No. Home/Office:	Mobile: 92204499
Nationality SINGAPORE CITIZEN	Email Address KENNY XIANG1991@HOTMAIL.COM	
Occupation Electronics engineer (general)	Sex Male	Age 30
Institution/School Name	Date of Birth 06/07/1991	Race Chinese
Date/Time Of Incident 27/09/2021 09:30 - 27/09/2021 10:00	Language English	
	Location Of Incident CTE EXIT 15	

Brief details.

I was travelling along PIE and on the most left lane exiting towards Exit 15 at 70-80kmph when the car (SLT9678M) made a last min. signal left into my lane. It resulted in a head on collision and my Suzuki Swift (SJA4456T) flipped 180 and landed into the roadside.

I was sent to Tan Tock Seng Hospital via an ambulance as I suffered neck and left body pain after the incident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/09/2021 20:28
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20210827/7068

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210827/7068

Subjects Involved			
Subject			
Person Name	Ling Iee Teck		
ID Type	NRIC NO	ID No	S2553445Z
Gender	Male	Age	40-50
Race	Chinese	Language	Chinese
Mobile No	98150677		
Victim			
Person Name	KENNY GOH WEIXIANG		
ID Type	NRIC NO	ID No	S9123248J
Gender	Male	Age	30
Race	Chinese	Language	English
Occupation	Electronics engineer (general)	Address	203 BUKIT BATOK STREET 21 #04-20 SINGAPORE 650203
Mobile No	92204489	Is Informant A Victim?	Yes
Person Name	KENNY GOH WEIXIANG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/09/2021 20:28
Officer In-Charge Of Case:	Classification Of Case:



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC09219S0005 Vehicle Registration No: SJA4456T
 Name (as shown in NRIC): Kenny Goh Xianyang NRIC/FIN/Passport No: S91233487
 (*Vehicle Driver/Vehicle Owner) (* Please delete as appropriate)
 Address: Bukit Batok Polyclinic #7 21 #04-20 Singapore (500203)
 Contact (Tel): --- Mobile No.: 92204499
 Email Address: kenny_xianyang1991@hotmail.com
 Date of Accident: 27/09/2021 Time of Accident: 09:40
 Place of Accident: ME TOWARDS BRT 15
 Insurance Company: NTUC Income

(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:

- 1) I was given hospitalization leave of 5 days and thereafter 2 days of MC by Bukit Batok Polyclinic as my lower left premolar was injured during the accident. (Called & Inform IO on 05/10/21)
- 2) I would like to amend to "Claim Third Party" and update that SLT9678M was driving a passenger at the point of accident.
- 3) My phone was also damaged after the collision.

 Policyholder / Driver's Signature
 Date: 05/10/21

 Reporting Centre Personnel's Signature
 Name: AMK
 NRIC/FIN No: ---
 Date: 05/10/21