

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 20/10/2021 09:46 (SGT)
Date of Accident 17/10/2021 20:00 (SGT)
Exact Location of Accident Sims Ave E, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK6137T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SENG KEE COFFEE SHOP PTE. LTD.
Company Reg No 2XXXXX321M
Email Address gohbohboon@gmail.com
Mobile Phone No (Phone) +65-91426262
Alternative Phone No +65-91426262

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00115302101
Cover Note Number -

DRIVER

Name of Driver GOH BOON LEONG
NRIC No SXXXX021A

Date Of Birth	03/02/1963
Occupation	Outdoor
Date Of Driving Pass	16/07/2003
Driving experience	18 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84118003
Alt. Phone Number	-
Email Address	gohbohboon@gmail.com
Address	BLK 491D TAMPINES ST 45
Address complement	#07-226
Postcode	523491
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 - Change/cross lane
Weather Conditions	AFTER RAIN
Road Surface	Wet

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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:G/20211019/7052

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	SLB4615J
Vehicle Manufacturer	-
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 BOON LEONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK6137T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

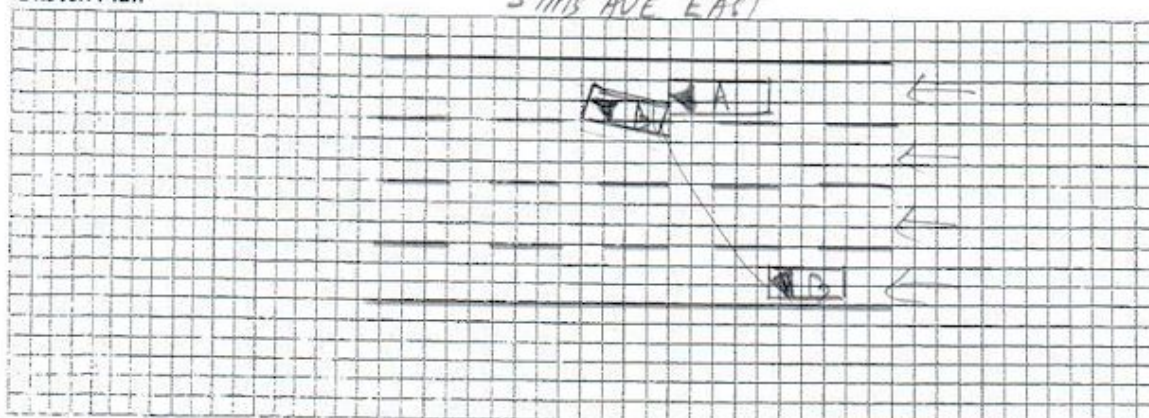


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - 9BK6137T
B - 5LB4615J

Describe Circumstances of the Accident

Pls refer to the police report - G/2021/019/7052

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 19/10/21

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

[Signature] 20/10/21

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



G/20211019/7052

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Report No. G/20211019/7052

Date/Time Report Made 19/10/2021 16:15	Vide Report No.	Station Diary No.
Name Of Informant GOH BOON LEONG	Address 491D TAMPINES STREET 45 #07-226 SINGAPORE 523491	
ID Type / ID No. NRIC NO / S1581021A	Contact No. Home/Office: Mobile: 84118003	
Nationality SINGAPORE CITIZEN	Email Address gohbohboon@gmail.com	
Occupation Driver	Sex Male	Age 58
Institution/School Name	Date of Birth 03/02/1963	Race Chinese
Date/Time Of Incident 17/10/2021 20:00	Location Of Incident SIMS AVENUE EAST	

Brief details.

On the stated date and time, I was driving my vehicle along GBK6137T along Sims Ave East towards Bedok direction.

I was travelling straight along the extreme right lane when suddenly, SLB4615J abruptly swerved into my vehicle's path just before the junction Kampong Eunus.

SLB4615J had wanted to turn into Kampong Eunus.

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: 19/10/2021 16:15
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20211019/7052

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20211019/7052

I immediately jammed on my brakes but still could not avoid collided into the rear right portion of said vehicle.

My left knee knocked into the underside of my dashboard as a result as my body lurched forward only to be restrained by my seat belt.

Initially, only my knee was painful due to the knock. However, the next morning, I woke up with soreness over my neck and shoulders as well.

As such, I proceeded to my family doctor at C&K Family Clinic for treatment and was given 3 days MC from 18/01/21 to 20/01/21.

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