

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 16/11/2021 17:09 (SGT)
Date of Accident 16/11/2021 08:35 (SGT)
Exact Location of Accident Newton Circus, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGX592Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOEI YING HAO DARYL
NRIC No SXXXX578C
Email Address darylgoeih@gmail.com
Mobile Phone No (Phone) +65-91390261
Alternative Phone No (Home) +65-91390261

VEHICLE PARTICULARS

Manufacturer Volvo
Model V50
Variant T5 AUTO ABS AIRBAG TURBO
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 2521

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00158452100
Cover Note Number -

DRIVER

Name of Driver GOEI YING HAO DARYL
NRIC No SXXXX578C

| | |
|--|----------------------------|
| Date Of Birth | 27/09/1987 |
| Occupation | Indoor |
| Date Of Driving Pass | 21/05/2007 |
| Driving experience | 14 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91390261 |
| Alt. Phone Number | (Home) +65-91390261 |
| Email Address | darylgoeiyh@gmail.com |
| Address | 46 MONK'S HILL ROAD #04-02 |
| Address complement | - |
| Postcode | 228577 |
| 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 | Collision - Major/Minor Rd |
| 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) | 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 | Bukit Timah Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18004629999 |
| Alt. Police Station Phone No | (Fax) +65-64628933 |
| Police Station Address | 1 Duke Road Singapore 268914 |
| 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 | S4246CD |
| Vehicle Manufacturer | Kia |
| Vehicle Model | Cerato |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |


| | |
|---|----------------------|
| Name of Driver | HWANG YOUNG JOO |
| Passport No/FIN | GXXXX598P |
| Contact Number | (Phone) +65-97332646 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

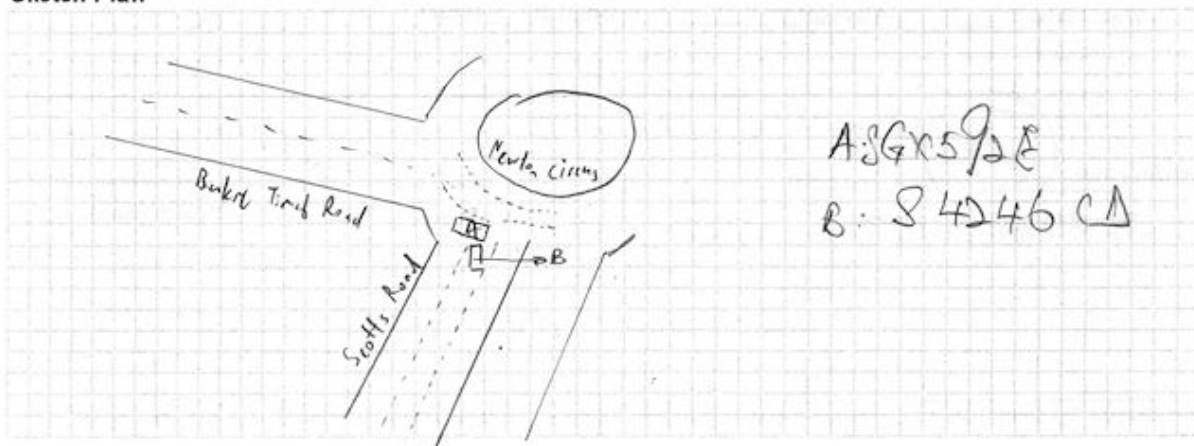
SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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6. The 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.
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.


16/11/21 4:22pm
Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

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 16/11/21
4:22pm

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


Witnessed by Reporting Centre
Personnel 



























**SINGAPORE
POLICE FORCE**



T/20211116/2078

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 4

Report No. T/20211116/2078

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 16/11/2021 15:08 | Vide Report No.: | Station Diary No.: 30 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: GOEI YING HAO, DARYL | | | Address: 46 MONK'S HILL ROAD #04-02 SINGAPORE 228577 | | |
| ID Type / ID No.: NRIC NO / S8730578C | | | Contact No.: Home/Office: Mobile: 91390261 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 34 | Date of Birth: 27/09/1987 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: DOCTOR | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------|----------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 16/11/2021 08:35 | Type of Location: Roundabout |
| Location: NEWTON CIRCUS | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 30 Km/h |
| Traffic Flow: One Way | | Traffic Control: | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|-------|--|--------|------------------|-----------------|
| S4246CD | Car | KIA | CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR | Silver | Slightly Damaged | 0 |
| SGX592Z | Car | VOLVO | V50 T5 AUTO ABS AIRBAG TURBO | Blue | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20211116/2078

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

4 of 4

Report No. T/20211116/2078

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
E/

Sgt 2 LUI CHONGLU

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
16/11/2021 15:08Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

SINGAPORE
POLICE FORCE

SU 065

Authentication Stamp
NP168
SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20211116/2078

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

2 of 4

Report No. T/20211116/2078

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---|---------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SGX592Z | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNW001584 52100 | 10/08/2021 | 09/08/2022 |

| Details of Person Involved | | | |
|-----------------------------------|----------------------|--|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | HWANG YOUNG JOO | ID No. | G1921598P |
| Related Vehicle | S4246CD (Car) | Contact No. | 97332646 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | GOEI YING HAO, DARYL | ID No. | S8730578C |
| Related Vehicle | SGX592Z (Car) | Contact No. | 91390261 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 16/11/2021, at about 0834hrs while I am driving my Blue Volvo V50 bearing SGX592Z along the roundabout of Newton Circus towards Bukit Timah road and I travelling along the left most lane and this Silver Cerato Forte bearing S4246CD come out from Scotts Road towards Bukit Timah Road collided into my vehicle and subsequently both of us came the vehicle and check everything is it fine. However the female driver informed that she will call her husband down for assistance as she got problem speaking and subsequently the husband namely Mr Hwang Young Woong came and both of us managed to exchange our particular with each others.

No one was injuries and no police attend to the incident after the collision .

I am lodging for insurance claim purpose

Damages to my vehicle
Left passenger door dented and scratches



**SINGAPORE
POLICE FORCE**



T/20211116/2078

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/202

CONTINUATION OF REPORT

Damages to the others parties vehicle
Right front bumper crack



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SJ0B21BG0004 Vehicle Registration No: SGX592Z
Name (as shown in NRIC) : GOEI YING HAO DARYL NRIC/FIN/Passport No : S8730578C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 46 MONK'S HILL ROAD #04-02 Singapore (228577)
Contact (Tel) : - Mobile No. : 9139 0261
Email Address : darylgoeiyh@gmail.com
Date of Accident : 16/11/2021 Time of Accident : 08:35
Place of Accident : NEWTON CIRCUS
Insurance Company : CHINA TAIPING INSURANCE

(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:

INSURED CAR PLATE NUMBER SHOULD BE SGX592Z

Policyholder / Driver's Signature
Date:



Jordan

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



