

# 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 .....	01/12/2021 15:35 (SGT)
Date of Accident .....	30/11/2021 19:45 (SGT)
Exact Location of Accident .....	Near 8 Ang Mo Kio Ave 10, Singapore 569731
Additional Location Information .....	JUNC OF ANG MO KIO AVE 10 / ANG MO KIO ST 44
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLH7093B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GOH YONG ANN
NRIC No .....	S1648464D
Email Address .....	jasongohyongann@gmail.com
Mobile Phone No .....	(Phone) +65-98635345
Alternative Phone No .....	+65-98635345

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	7210129441
Cover Note Number .....	-

### DRIVER

Name of Driver .....	GOH YONG ANN
NRIC No .....	S1648464D

Date Of Birth .....	16/01/1964
Occupation .....	Indoor
Date Of Driving Pass .....	25/01/1985
Driving experience .....	36 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98635345
Alt. Phone Number .....	+65-98635345
Email Address .....	jasongohyongann@gmail.com
Address .....	BLK 716 WOODLANDS DR 70 #11-122
Address complement .....	-
Postcode .....	730716
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 - Head to Rear
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	WONG CHOI KHAM
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004519999
Alt. Police Station Phone No .....	(Fax) +65-65535679
Police Station Address .....	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED.

#### 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 TAKEN BY TRAFFIC POLICE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJW1733Y
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Vehicle Manufacturer .....	Infiniti
Vehicle Model .....	Q50
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJW1733Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

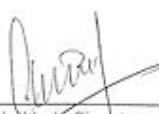
SKETCH PLAN

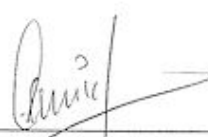
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

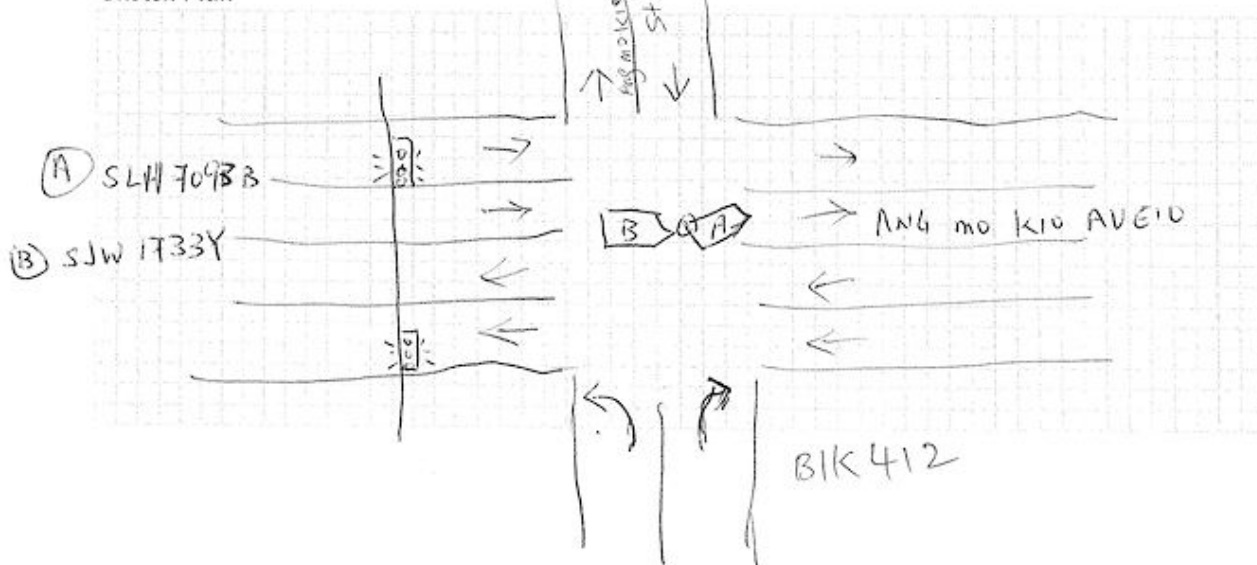
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
 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

Refer police report (T20211130/2108)  
(T20211201/2055)

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

  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20211130/2108

1 of 3

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20211130/2108

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/11/2021 21:30		Vide Report No.: F/20211130/0160		Station Diary No.: 146
<b>Informant's Particulars</b>				
Name of Informant: GOH YONG ANN		Address: APT BLK 716 WOODLANDS DRIVE 70 #11-122 SINGAPORE 730716		
ID Type / ID No.: NRIC NO / S1648464D		Contact No.: Home/Office: Mobile: 98635345		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 57	Date of Birth: 16/01/1964	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Retiree		Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/11/2021 19:45	Type of Location: Straight Road
Location:  ANG MO KIO AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJW1733Y	Car	INFINITI	Q50 2.0T BASE A/T EU6	Brown	Slightly Damaged	0
SLH7093B	Car	HONDA	SHUTTLE 1.5G CVT ABS D/AIRBAG 2WD 5DR	White	Slightly Damaged	1



**SINGAPORE  
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T/20211130/2108

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Report No. T/20211130/2108

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH7093B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210129441	16/11/2021	15/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH YONG ANN		ID No. S1648464D
Related Vehicle	SLH7093B (Car)		Contact No. 98635345
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,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 30/11/2021 at about 1940hrs, I was driving my vehicle bearing plate number SLH7093B out of Blk 421 Ang Mo Kio Ave 10 Carpark. I checked that the traffic was clear and I made a discretionary right turn towards the opposite lane. After turning, I suddenly felt an impact on my rear left. I got out of my vehicle and I realized I was rear ended by vehicle SJW1733Y. I noticed the driver was still in the vehicle and I called 999. Subsequently, TP and ambulance arrived and I saw the driver of SJW1733Y being conveyed by the ambulance. TP officer SSS Faizal took my in car SD card and issued me a NP323 and informed me that it will be handed over to IO Ivan 6547 6170. He also advised me to lodge a traffic accident report. I wish to state that my wife and I are not injured.



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T/20211130/2108

Police Station Of Origin:  
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81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

3 of 3

Report No. T/20211130/2108

**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 / Sgt 1 MA DERON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2021 21:30
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp NP168	SIGNATURE





**SINGAPORE  
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T/20211201/2055

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

1 of 2

Report No. T/20211201/2055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/12/2021 14:54	Vide Report No.: T/20211130/2108	Station Diary No.: 36
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**Informant's Particulars**

Name of Informant: GOH YONG ANN			Address: APT BLK 716 WOODLANDS DRIVE 70 #11-122 SINGAPORE 730716		
ID Type / ID No.: NRIC NO / S1648464D			Contact No.: Home/Office: Mobile: 98635345		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 16/01/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/11/2021 19:45	Type of Location:
Location:  ANG MO KIO AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Brief Details.**

This report is made to amend the location indicated in the police report I lodged reference: T/20211130/2108. The correct location where I turned out my vehicle from is Blk 412 Ang Mo Kio Avenue 10 car park. That is all.



**SINGAPORE  
POLICE FORCE**



T/20211201/2055

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
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2 of 2

Report No. T/20211201/2055

**CONTINUATION OF REPORT**

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Signature of Officer Recording The Report  
F /

SI LOO TECK KUAN, SHAWN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/12/2021 14:54

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 HO JIEKANG, IVAN  
Contact No.: 65476170

Classification Of Case:

Authentication Stamp  
NP168







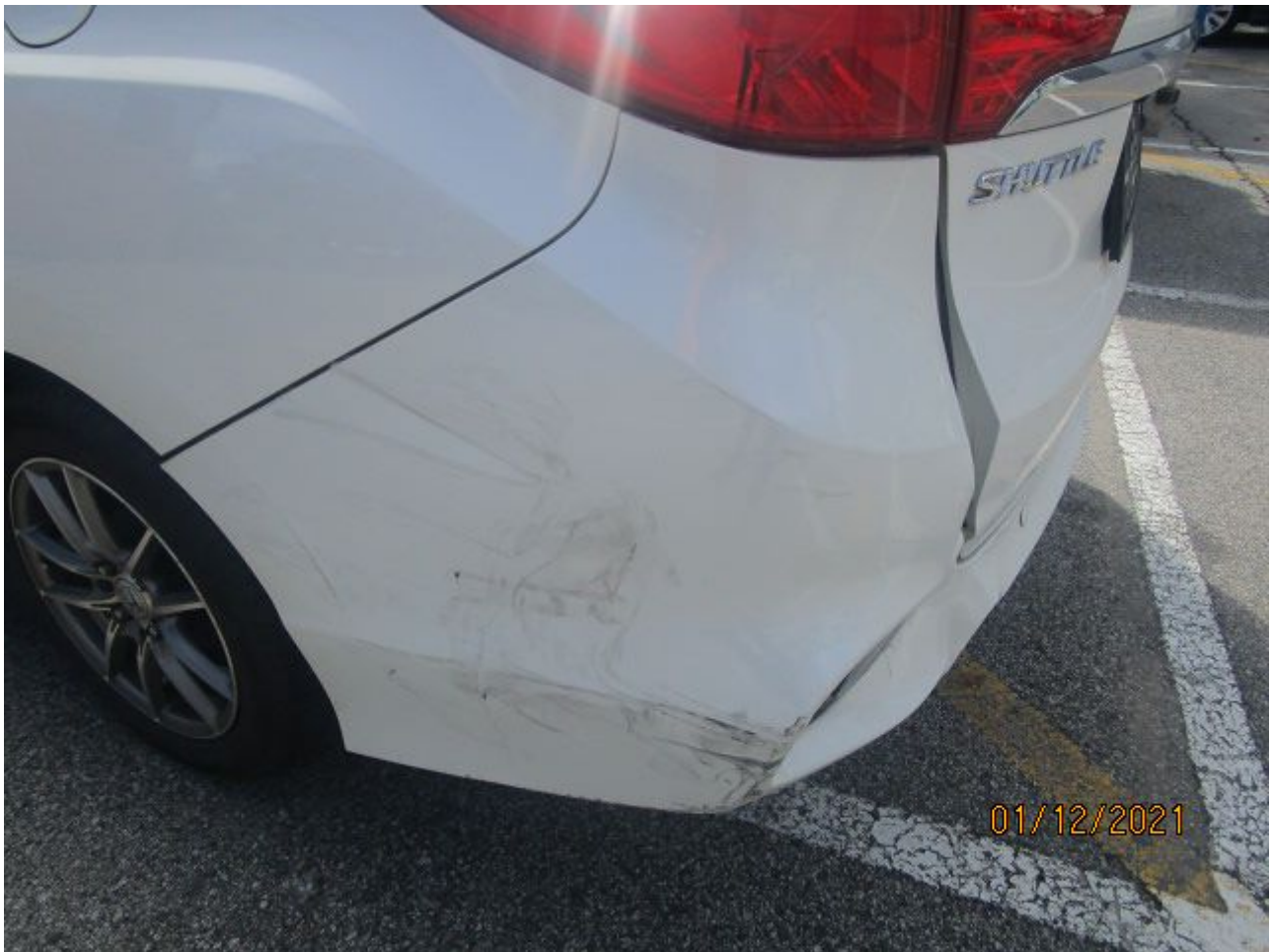




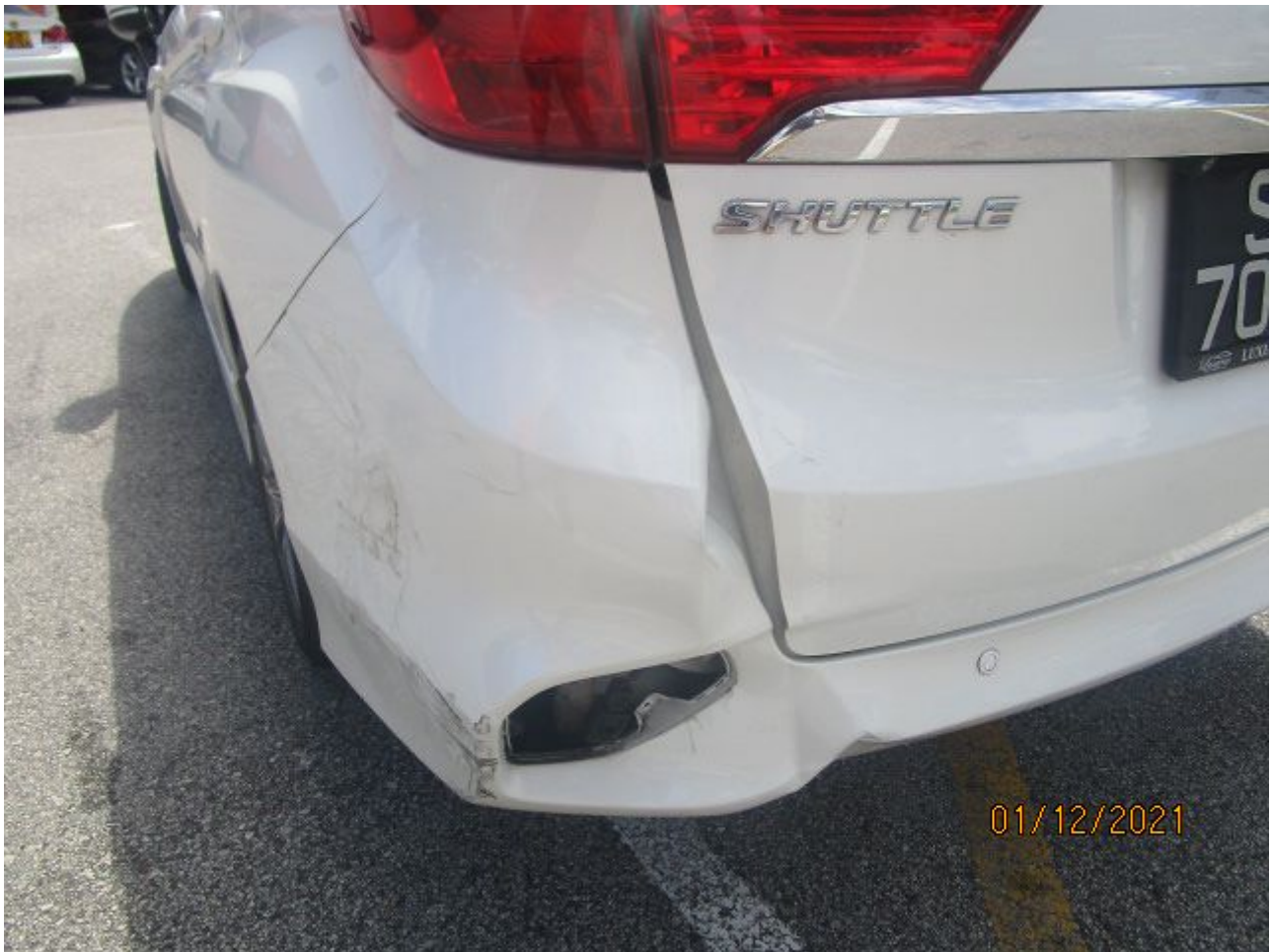
























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T/20211130/2108

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Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 16/01/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/11/2021 19:45	Type of Location: Straight Road
Location:  ANG MO KIO AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
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**SINGAPORE  
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T/20211130/2108

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569929  
Tel No: 1800-4519999

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH7093B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210129441	16/11/2021	15/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH YONG ANN	ID No.	S1648464D
Related Vehicle	SLH7093B (Car)	Contact No.	98635345
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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**CONTINUATION OF REPORT**

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Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 16/01/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 2B,3 Date of Expiry:		

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T/20211201/2055

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Report No. T/20211201/2055

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Signature of Officer Recording The Report  
F /

SI LOO TECK KUAN, SHAWN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/12/2021 14:54

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 HO JIEKANG, IVAN  
Contact No.: 65476170

Classification Of Case:

Authentication Stamp  
NP168





**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: SC1K21C10005 Vehicle Registration No: SLH7093B  
 Name (as shown in NRIC): Goh Yong Ann NRIC/FIN/Passport No: S16484641D  
 (\*Vehicle-Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Blk 716 WOODLANDS DR70 #11-122 Singapore (730716)  
 Contact (Tel): 98635345 Mobile No.: 98635345  
 Email Address: jasohgohyongann@gmail.com  
 Date of Accident: 30/1/2021 Time of Accident: 19.45 pm  
 Place of Accident: Turn of Ang mo Kio AVE10 / Ang Mo Kio St 44  
 Insurance Company: AIG

**(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:

Attg To claim own insurance  
To amend time of accident as stated in police report  
(1945)

[Signature]  
 Policyholder / Driver's Signature  
 Date:

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

KTANM: Addendum Form