

# 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 ..... 13/01/2022 15:27 (SGT)  
Date of Accident ..... 10/01/2022 06:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BUKIT BATOK WEST AVE 4 CAR PARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLZ1220X

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GOH KIAN HO  
NRIC No ..... SXXXX745Z  
Email Address ..... GOHKIANHO@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-97375813  
Alternative Phone No ..... +65-97375813

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... COROLLA ALTIS ELEGANCE AUTO  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5107658887-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... GOH KIAN HO  
NRIC No ..... SXXXX745Z

Date Of Birth .....	11/06/1946
Occupation .....	Indoor
Date Of Driving Pass .....	07/06/1968
Driving experience .....	53 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97375813
Alt. Phone Number .....	+65-97375813
Email Address .....	GOHKIANHO@YAHOO.COM.SG
Address .....	BLK 411 BUKIT BATOK WEST AVE 4 #02-196
Address complement .....	-
Postcode .....	S 650411
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 .....	Collided into Parked Vehicle
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 .....	Hong Kah North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18005679999
Alt. Police Station Phone No .....	(Fax) +65-65652508
Police Station Address .....	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER ATTACHMENT : T/20220111/2038

#### 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 .....	YP5887U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle

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) .....	-

## SKETCH PLAN

## IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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.

  
Policyholder's Signature / Date  
& Time

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

  
Witness by Reporting Centre  
Personnel

## Sketch Plan

<p>PLEASE REFER TO POLICE REPORT: T/20220111/2038</p>
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**Describe Circumstance of Accident**

PLEASE REFER TO POLICE REPORT: T/20220111/2038

**Declaration**

I/We declare the foregoing particulars are true in every respect.

  
\_\_\_\_\_  
Policyholder's Signature /  
Date & Time

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

  
\_\_\_\_\_  
Witness by Reporting  
Centre Personnel





















**SINGAPORE  
POLICE FORCE**



T/20220111/2038

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

1 of 3

Report No. T/20220111/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/01/2022 12:46	Vide Report No.: J/20220110/0148	Station Diary No.: 18
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**Informant's Particulars**

Name of Informant: GOH KIAN HO			Address: APT BLK 411 BUKIT BATOK WEST AVENUE 4 #02-196 SINGAPORE 650411		
ID Type / ID No.: NRIC NO / S0661745Z			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 97375813		
Email:					
Sex: Male	Age: 75	Date of Birth: 11/06/1946	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2,3		
			Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/01/2022 06:30	Type of Location: Car Park
Location:  BUKIT BATOK WEST AVENUE 4				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ1220X	Car	TOYOTA		Grey	Slightly Damaged	0
YP5887U	Lorry					0

**Details of Person Involved**

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





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T/20220111/2038

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Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

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Report No. T/20220111/2038

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	GOH KIAN HO	ID No.	S0661745Z
Related Vehicle	SLZ1220X (Car)	Contact No.	97375813
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 10/01/2022 at about 1830hrs, I parked my vehicle at the open space carpark of Blk 411 Bukit Batok West Avenue 4 and everything was intact. On the 11/01/2021 at about 0630hrs, I discovered a note left on my windscreen informing me to lodge a traffic accident report and the IO in charge IO Fidah 65476202. I discovered some scratches on the front left of my vehicle near to the headlight. I have installed in-car camera however, the video footage would be automatically deleted after 1 hour.



**SINGAPORE  
POLICE FORCE**



T/20220111/2038

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Report No. T/20220111/2038

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

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  
J /  
Sgt 2 PRISCILLA WONG TING  
HUI

Signature Of Informant:

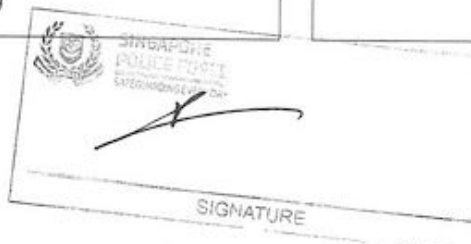
Signature Of Interpreter:  
Not applicable

Date/Time:  
11/01/2022 12:46

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt NEO ZHI YUAN  
Contact No.: 65476079

Classification Of Case:

Authentication Stamp  
NP168





**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 : SS27221D0006 Vehicle Registration No: SLZ120X  
Name (as shown in NRIC) : Goh Eian Ho NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 411 Bukit Batok West Ave 4 #10-126 Singapore 650411  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97375813  
Email Address : gohetianho@yahoo.com.sg  
Date of Accident : 10/1/2022 Time of Accident : 2015 hrs.  
Place of Accident : Bukit Batok West Carpark.  
Insurance Company : Ntuc

**(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:

DoA: 10/1/2022  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

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