

## 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	04/03/2022 17:45 (SGT)
Date of Accident	04/03/2022 07:51 (SGT)
Exact Location of Accident	Near 20 Malcolm Rd, Singapore 308259
Additional Location Information	PIE TOWARDS CHANGI AFTER NOVENA AFTER MOUNT PLEASANT ROAD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW9549A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FOO SUAN WEE (FU CHUANHUI)
NRIC No	SXXXXX205G
Email Address	FOO.SUAN.WEE@GMAIL.COM
Mobile Phone No	(Phone) +65-97560174
Alternative Phone No	+65-97560174

#### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A1
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	999

#### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110176592001
Cover Note Number	-

#### DRIVER

Name of Driver	GOH KE YI CHLOE
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NRIC No	TXXX680H
Date Of Birth	28/03/2000
Occupation	Indoor
Date Of Driving Pass	18/08/2009
Driving experience	12 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91119772
Alt. Phone Number	-
Email Address	GOHKEYICHLOE@GMAIL.COM
Address	10 FARRER ROAD
Address complement	#01-06 WATERFALL GARDENS
Postcode	268822
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC8993K
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black

Vehicle Category	Private car
Name of Driver	GERALDINE
Contact Number	(Phone) +65-91451915
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKQ5559C
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ROLAND YAP
Contact Number	(Phone) +65-96224027
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 KE YI CHLOE
Gender	Female
Phone No	(Phone) +65-91119772
Address	10 FARRER ROAD
Address Complement	#01-06 WATERFALL GARDENS
Post Code	268822
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMW9549A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-



SKETCH PLAN

IMPORTANT NOTICE

1. The insured must complete this form and submit it to the insurer or the authorised agent of the insurer as soon as possible after the accident. Any false information provided may result in the insurer refusing to pay the claim and/or the insured being liable for the cost of the claim.

2. The insured must provide a truthful and accurate account of the accident. Any false information provided may result in the insurer refusing to pay the claim and/or the insured being liable for the cost of the claim.

3. The insured must provide a truthful and accurate account of the accident. Any false information provided may result in the insurer refusing to pay the claim and/or the insured being liable for the cost of the claim.

4. Any false information may be referred to the Police for investigation.

5. 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.

6. The signatory 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.

7. 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 firms/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 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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*John Tan* 4.30pm  
04/03/2022  
Policyholder's Signature / Date & Time

*Colleye* 04/03/2022 4.34pm  
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel *Tony Fong*

Sketch Plan



Describe Circumstances of the Accident

Please Refer to the traffic police report

NO: T/20220304/7028

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*  
04/03/2022 9:30pm  
Policyholder's Signature / Date & Time

*[Signature]* 04/03/2022 9:30pm  
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting License  
Personnel *Tony Feary*



**SINGAPORE  
POLICE FORCE**



T/20220304/7028

1 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20220304/7028

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2022 14:46		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: GOH KEYI CHLOE			Address: 10 FARRER ROAD #01-06 SINGAPORE 268822		
ID Type / ID No.: NRIC NO / T0010580H			Contact No.: Home/Office:		Mobile: 91119772
Nationality: SINGAPORE CITIZEN			Email: GOHKEYICHLOE@GMAIL.COM		
Sex: Female	Age: 21	Date of Birth: 28/03/2000	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Student			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/03/2022 07:45	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SKC8993K	Car	MERCEDES BENZ				0
SKQ5559C	Car					0
SMW9549A	Car	AUDI	A1	Red	Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20220304/7028

2 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20220304/7028

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMW9549A	UNITED OVERSEAS INSURANCE LIMITED	DHOM1101765920 01	18/12/2021	17/12/2022

  

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
<b>Driver</b>				
Name	GERALDINE	ID No.	NIL	
Related Vehicle	SKC8993K (Car)	Contact No.	91451915	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
<b>Driver</b>				
Name	ROLAND YAP	ID No.	NIL	
Related Vehicle	SKQ5559C (Car)	Contact No.	96224027	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
<b>Driver</b>				
Name	GOH KEYI CHLOE	ID No.	T0010680H	
Related Vehicle	SMW9549A (Car)	Contact No.	91119772	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	



SINGAPORE  
POLICE FORCE



T/20220304/7028

3 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20220304/7028

## CONTINUATION OF REPORT

Brief Details.

I was driving along PIE towards Changi in the rightmost lane, after Mt Pleasant road exit. I noticed that the car in front of me had suddenly braked and I emergency braked but could not stop in time. I hit the car in front of me. My airbag was deployed and my car rolled backwards after the collision and hit the PIE railing.





SINGAPORE  
POLICE FORCE



T/20220304/7028

4 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No: T/20220304/7028

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP18 /  
VILTON HIA WEE SIANG  
Contact No.: 65476232

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
04/03/2022 14:46

Classification Of Case:

NP168