

## 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 .....              | 25/05/2022 18:14 (SGT) |
| Date of Accident .....                | 24/05/2022 19:30 (SGT) |
| Exact Location of Accident .....      | Singapore              |
| Additional Location Information ..... | CROSS STREET           |
| Country/State of Loss .....           | Singapore              |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SNF1369H |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                         |
|--------------------------------|-------------------------|
| Is company? .....              | Yes                     |
| Name Of Registered Owner ..... | SG CAR CHOICE PTE. LTD. |
| Company Reg No .....           | 201604635K              |
| Email Address .....            | REPORTING@MYCAR.SG      |
| Mobile Phone No .....          | (Phone) +65-96886250    |
| Alternative Phone No .....     | (Home) +65-96886250     |

#### VEHICLE PARTICULARS

|                                                                                    |                           |
|------------------------------------------------------------------------------------|---------------------------|
| Manufacturer .....                                                                 | Toyota                    |
| Model .....                                                                        | Alphard                   |
| 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 hire              |
| Transmission .....                                                                 | Auto                      |
| CC .....                                                                           | 0                         |

#### INSURANCE COMPANY

|                                 |                                        |
|---------------------------------|----------------------------------------|
| Name of Insurance Company ..... | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage .....          | Comprehensive                          |
| Fleet Policy .....              | No                                     |
| Policy Number .....             | 5127247031                             |
| Cover Note Number .....         | -                                      |

#### DRIVER

|                      |                              |
|----------------------|------------------------------|
| Name of Driver ..... | GOH NAI KHEONG (WU NAIJIANG) |
| NRIC No .....        | S8119439D                    |

|                                                                    |                                  |
|--------------------------------------------------------------------|----------------------------------|
| Date Of Birth .....                                                | 18/06/1981                       |
| Occupation .....                                                   | Outdoor                          |
| Date Of Driving Pass .....                                         | 05/07/2004                       |
| Driving experience .....                                           | 17 YEARS AND 10 MONTHS           |
| Gender .....                                                       | Male                             |
| Mobile Number .....                                                | (Phone) +65-96886250             |
| Alt. Phone Number .....                                            | -                                |
| Email Address .....                                                | LUNCHEONMEAT1981@HOTMAIL.SG      |
| Address .....                                                      | BLK 356A ADMIRALTY DRIVE, #09-84 |
| Address complement .....                                           | -                                |
| Postcode .....                                                     | 751356                           |
| Is the driver the policyholder? .....                              | No                               |
| If No, Relationship of the Driver with the Insured .....           | Hirer                            |
| 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 - Cross Junction |
| 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? .....                                                  | No  |
| 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 .....   | Passenger |
| Gender ..... | Male      |

#### 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 ATTACHMENT

#### 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 ..... | With Owner |
| Was there any audio recorded? .....                     | No         |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SKP2872Y |
|-----------------------------------|----------|

|                                               |                      |
|-----------------------------------------------|----------------------|
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | KAREN                |
| Contact Number .....                          | (Phone) +65-98307529 |
| 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 NAI KHEONG (WU NAIJIANG) |
| Gender .....                                              | Male                         |
| Phone No .....                                            | (Phone) +65-96886250         |
| Address .....                                             | -                            |
| Address Complement .....                                  | -                            |
| Post Code .....                                           | -                            |
| Approximate Age Years Old .....                           | -                            |
| Injuries Sustained .....                                  | REFER BY POLICE REPORT       |
| Injured person in which vehicle? .....                    | SNF1369H                     |
| Were seat belts worn? .....                               | Yes                          |
| Was this injured conveyed to hospital by ambulance? ..... | No                           |

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

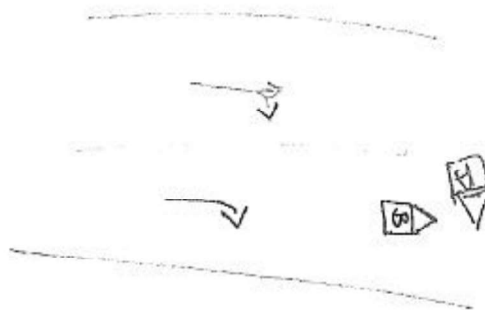
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' law yers/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' law yers/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 yers/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**

On the said time and date, I was travelling along Raffles  
 Quay, towards Cross St.

I was on the left lane which able to turn right, or  
 At the traffic light, I turned right <sup>in my lane</sup> into Cross St. Vehicle stopped  
 went straight and hit on my Rear Side Right. Her lane is only  
 to turn right.

**Declaration**

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/20220525/7029

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

1 of 3

Report No. T/20220525/7029

**REPORT OF A TRAFFIC ACCIDENT**

|                                            |                  |                    |
|--------------------------------------------|------------------|--------------------|
| Date/Time Report Made:<br>25/05/2022 15:31 | Vide Report No.: | Station Diary No.: |
|--------------------------------------------|------------------|--------------------|

**Informant's Particulars**

|                                          |            |                                                    |                                                          |                  |
|------------------------------------------|------------|----------------------------------------------------|----------------------------------------------------------|------------------|
| Name of Informant:<br>GOH NAI KHEONG     |            |                                                    | Address:<br>356A ADMIRALTY DRIVE #09-84 SINGAPORE 751356 |                  |
| ID Type / ID No.:<br>NRIC NO / S8119439D |            |                                                    | Contact No.:                                             | Mobile: 96886250 |
| Nationality:<br>SINGAPORE CITIZEN        |            |                                                    | Email:<br>luncheonmeat1981@hotmail.sg                    |                  |
| Sex:<br>Male                             | Age:<br>40 | Date of Birth:<br>18/06/1981                       | Type of Informant:<br>Driver                             |                  |
| Race:<br>Chinese                         |            | Language:<br>English                               | Institution / School Name:                               |                  |
| Occupation:<br>PHV DRIVER                |            | Driving Licence information:<br>Class: 2B,2A,2,3,4 |                                                          | Date of Expiry:  |

**General Information of the Accident**

|                                                              |                  |                                             |                                               |                                                                    |
|--------------------------------------------------------------|------------------|---------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------|
| Type of Accident:                                            | Injury<br>Others | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>24/05/2022 19:30 | Type of Location:<br>TRAFFIC LIGHT<br>JUNCTION<br>TURNING<br>RIGHT |
| Location:<br><br>CROSS STREET                                |                  |                                             |                                               |                                                                    |
| Weather:<br>Clear                                            |                  | Road Surface:<br>Dry                        |                                               | Road Speed Limit:<br>60 Km/h                                       |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Traffic Light - Working |                                               | Traffic Volume:<br>Heavy                                           |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                             |                                               | Anyone conveyed by<br>ambulance:<br>No                             |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model                 | Color | Conditio            | No of |
|-------------|------|--------|-----------------------|-------|---------------------|-------|
| SKP2872Y    | Car  | MAZDA  | 6                     | Blue  | Slightly<br>Damaged | 2     |
| SNF1369H    | Car  | TOYOTA | ALPHARD<br>HYBRID 2.5 | Black | Slightly<br>Damaged | 2     |





**SINGAPORE  
POLICE FORCE**



T/20220525/7029

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

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Report No. T/20220525/7029

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |                       |              |            |             |
|------------------------------|-----------------------|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company     | Insurance No | Effective  | Expiry Date |
| SNF1369H                     | NTUC INCOME INSURANCE | AYH300141230 | 04/05/2022 | 03/05/2023  |

| Details of Person Involved        |                |                                   |                                           |
|-----------------------------------|----------------|-----------------------------------|-------------------------------------------|
| Any Pedestrian Involved: No       |                |                                   |                                           |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA    |                                           |
| Driver                            |                |                                   |                                           |
| Name                              | COTIRAI KHEONG | ID No.                            | 881484000                                 |
| Related Vehicle                   | SKP2872Y (Car) | Contact No.                       | 96886250                                  |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry | Class: 2B,2A,2,3,4<br>Date of Expiry: NIL |
| Date                              | 25/05/2022     | Date                              | 25/05/2022                                |
| No. of Days granted Medical Leave | 03             | Degree of                         | Slight                                    |
| Driver                            |                |                                   |                                           |
| Name                              | KAREN          | ID No.                            | NIL                                       |
| Related Vehicle                   | SNF1369H (Car) | Contact No.                       | 98307529                                  |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL         |
| Date                              | NIL            | Date                              | NIL                                       |
| No. of Days granted Medical Leave | NIL            | Degree of                         | NIL                                       |

## Brief Details.

I was travelling on Shenton Way turning into Cross Street(Lau Pa Sat on my left side) which is a pedestrian crossing control by traffic light. While I was turning right with my right signal light on from Lane 3(able to go straight/turn right), the vehicle SKP2872Y on Lane 2(turn right only) go straight & hit my rear right. I stopped my vehicle immediately & get down to exchange handphone details & also took pictures of both vehicle. I have front & rear video both exceeding 20MB & photos as well.

Above is for police report.



**SINGAPORE  
POLICE FORCE**



T/20220525/7029

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

3 of 3

Report No. T/20220525/7029

**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 / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476436

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

Date/Time:  
25/05/2022 15:31

Classification Of Case:

NP168