

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 16/06/2022 17:42 (SGT)
Date of Accident 16/06/2022 12:03 (SGT)
Exact Location of Accident Near 31 Scotts Rd, Singapore 228225
Additional Location Information TURNING SIDE LANE FROM SCOTT ROAD TO ORCHARD ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ1090P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH SOON YONG
NRIC No SXXXXX926E
Email Address SYGOH123@GMAIL.COM
Mobile Phone No (Phone) +65-96207800
Alternative Phone No +65-96207800

VEHICLE PARTICULARS

Manufacturer Audi
Model Q3
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 1395

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900230537-02
Cover Note Number -

DRIVER

Name of Driver GOH SOON YONG

NRIC No	SXXXX926E
Date Of Birth	12/04/1960
Occupation	Indoor
Date Of Driving Pass	03/04/1981
Driving experience	41 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96207800
Alt. Phone Number	+65-96207800
Email Address	SYGOH123@GMAIL.COM
Address	BLK 856E TAMPINES ST 82
Address complement	#04-198
Postcode	525856
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?	Yes
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JPG4219
Vehicle Category	Motorcycle

PASSENGER 1

Name	GOH PING MIN
Gender	Male

PASSENGER 2

Name	KOH PIK CHOON
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JPG4219
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

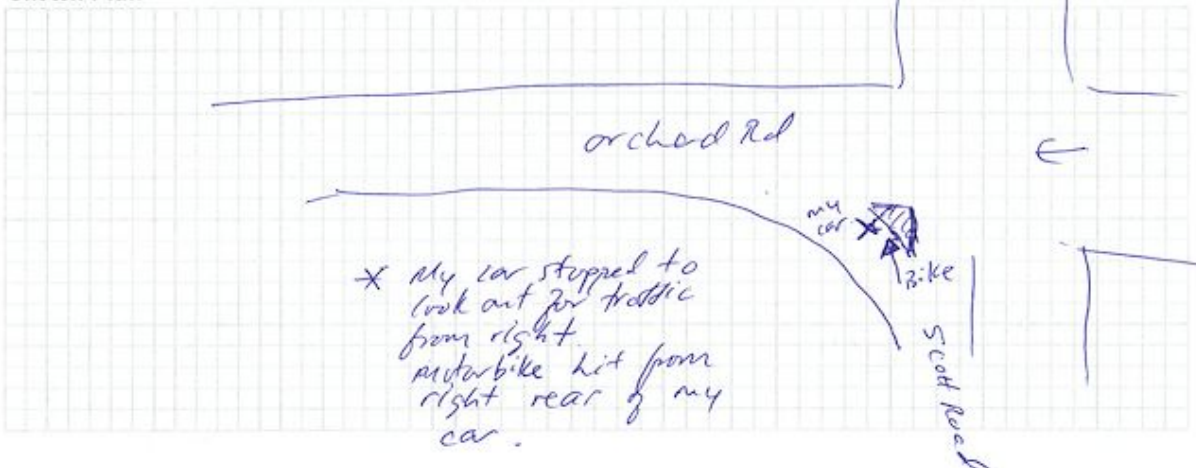
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available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

Please refer to the Police Report attached.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

T. Fung
16/6/2022
5:15 PM

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

Witnessed by Reporting Centre Personnel *Tony Fung*









































**SINGAPORE
POLICE FORCE**



T/20220616/2046

1 of 4

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20220616/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2022 14:24	Vide Report No.:	Station Diary No.: 66
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Informant's Particulars

Name of Informant: GOH SOON YONG			Address: APT BLK 856E TAMPINES STREET 82 #04-198 SINGAPORE 525856		
ID Type / ID No.: NRIC NO / S1435926E			Contact No.: Home/Office: Mobile: 96207800		
Nationality: SINGAPORE CITIZEN			Email: sygoh123@gmail.com		
Sex: Male	Age: 62	Date of Birth: 12/04/1960	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/06/2022 12:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SCOTTS ROAD ORCHARD ROAD nearest landmark CK Tang.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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 Passenger
JPG4219					Slightly Damaged	0
SMQ1090P	Car	AUDI	Q3 1.4 TFSI S TRONIC	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ1090P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900230537-02	30/10/2021	29/10/2022



**SINGAPORE
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T/20220616/2046

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Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
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Report No. T/20220616/2046

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH SOON YONG	ID No.	S1435926E
Related Vehicle	SMQ1090P (Car)	Contact No.	96207800
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
Passenger			
Name	GOH PING MIN	ID No.	S9739103C
Related Vehicle	SMQ1090P (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/06/2022 at about 1203hrs, I was driving my car (SMQ1090P) with my son, namely Goh Ping Min, seated on the front passenger seat. I was travelling from Scotts Road towards Orchard road, I was travelling on the right lane of a two left turning lanes. I had came to a gradual stop as I approached the turn as the traffic was not clear to make the left turn. As my car was at a complete stop, I felt an impact to the back of my car. I then got off from my car to make a check and found that a motorcycle (JPG4219) had collided to the rear of my car. The rider who had fell over from the bike was in the midst of standing up. All parties involved was not injured from the accident. The rider was apologetic and admitted blame for the accident, claiming that he had thought that I was going to move my car. I then exchanged particulars with him. No assault or threat occurred.

My car has an in-car camera installed, however am unsure if it was recording at the point of accident. Particulars of the rider as follows:

Pang Cyee Cyai
G8244451W
18/03/1991
Contact: 9379 7996

I am lodging a report as the accident involved a foreign vehicle and for the purpose of insurance claim.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
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T/20220616/2046

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Report No. T/20220616/2046

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220616/2046

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Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20220616/2046

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 3 MUHAMMAD SHAZWI
BIN AZMI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/06/2022 14:24

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168