

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	14/07/2022 11:14 (SGT)
Reported by	Driver
Date of Accident	09/07/2022 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TOWARDS CTE BEFORE LENTOR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ8286Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DYNAMIC CAR RENTAL
Company Reg No	5XXXX467K
Email Address	FRANCIS4436@GMAIL.COM
Mobile Phone No	(Phone) +65-67465405
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00011132101

DRIVER

Name of Driver	GOH JIN AN FRANCIS
NRIC No	SXXXX853J
Date Of Birth	31/07/1982
Occupation	Outdoor

Date Of Driving Pass	10/12/2002
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83825855
Alt. Phone Number	-
Email Address	FRANCIS4436@GMAIL.COM
Address	BLK 395 BUKIT BATOK WEST AVE 5 #04-436
Address complement	-
Postcode	650395
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	Side Swipe
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX4487X
Vehicle Manufacturer	-
Vehicle Model	-
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	GOH JIN AN FRANCIS
Gender	Male
Phone No	(Phone) +65-83825855
Address	BLK 395 BUKIT BATOK WEST AVE 5 #04-436
Address Complement	-
Post Code	650395
Approximate Age Years Old	39
Injuries Sustained	BACK PAIN STIFFNESS ON SHOULDER AND NECK
Injured person in which vehicle?	SKZ8286Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

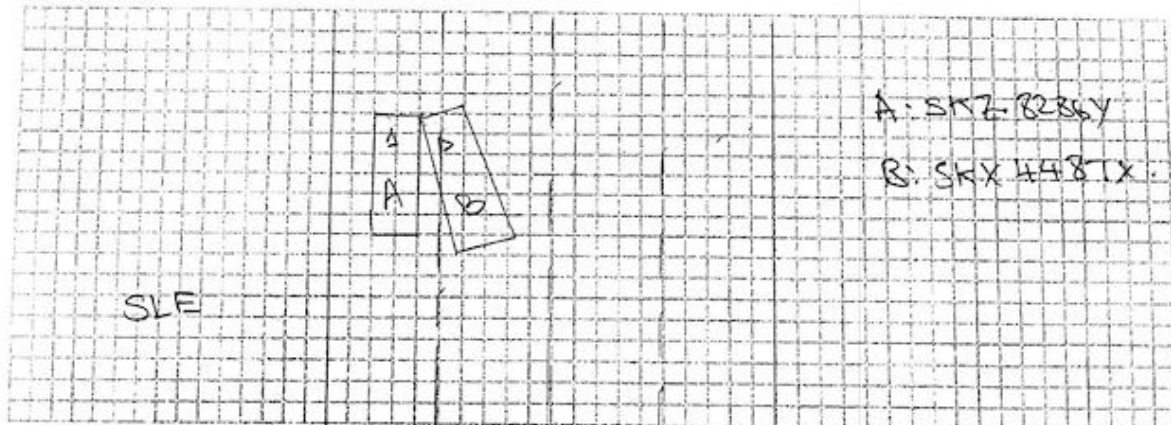


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report.

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

14/07/22
































**SINGAPORE
POLICE FORCE**

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



T/20220709/7050

1 of 3

Report No. T/20220709/7050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2022 22:39	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: GOH JIN AN, FRANCIS			Address: 395 BUKIT BATOK WEST AVENUE 5 #04-436 SINGAPORE 650395		
ID Type / ID No.: NRIC NO / S8223853J			Contact No.:		Mobile: 83825855
Nationality: SINGAPORE CITIZEN			Email: FRANCIS4436@GMAIL.COM		
Sex:	Age:	Date of Birth:	Type of Informant:		
Male	39	31/07/1982	Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information: 1. Date/Time of Accident:		Type of Location:		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2022 11:30	Straight Road
Location:				
SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKX4487X	Car	AUDI	A3			0
SKZ8286Y	Car					0

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**

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



T/20220709/7050

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Report No. T/20220709/7050

CONTINUATION OF REPORT

Driver			
Name	GOH JIN AN, FRANCIS	ID No.	S8223853J
Related Vehicle	SKZ8286Y (Car)	Contact No.	83825855
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	09/07/2022	Date	09/07/2022
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details:

I was driving veh no SKZ8286Y on SLE towards CTE before lentor. I was traveling straight in my lane when suddenly veh no SKX4487X swerve to the left n cut into my lane hitting the right side of my veh. I had to hold my steering as the impact almost cause my vehicle to swerve to the left n hit the road divider. We alight n exchange particulars n move off. I later felt sharp pain on my back n stiffness on my shoulder n neck area. Upon proceeding to Mount Alvernia hospital i was given 5 days MC.



SINGAPORE POLICE FORCE

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



T/20220709/7050

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Report No. T/20220709/7050

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:

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

Date/Time:
09/07/2022 22:39

Classification Of Case: