

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 Actual 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 12/08/2022 17:08 (SGT)
Reported by Driver
Date of Accident 10/08/2022 18:40 (SGT)
Exact Location of Accident Jurong West Street 75, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ4678S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner G & P PLASTIC SUPPLY
Company Reg No 53185497C
Email Address KAW1688@HOTMAIL.COM
Mobile Phone No (Phone) +65-97102524
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2070055229-02

DRIVER

Name of Driver GOH KIM POH
NRIC No S0130971D
Date Of Birth 23/06/1952
Occupation Outdoor

Date Of Driving Pass	29/03/1973
Driving experience	49 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90495422
Alt. Phone Number	-
Email Address	KAW1688@HOTMAIL.COM
Address	APT BLK 737 JURONG WEST STREET 75
Address complement	#05-57
Postcode	640737
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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
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

PLEASE REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ5674D
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE7197B
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)	-

SKETCH PLAN

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- 7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared / disclosed
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders

G & P 膠袋供應
G & P PLASTIC SUPPLY

Peter Goh
HP: 9049 5422, HP: 8155 3932
Policyholder's Signature
Date & Time

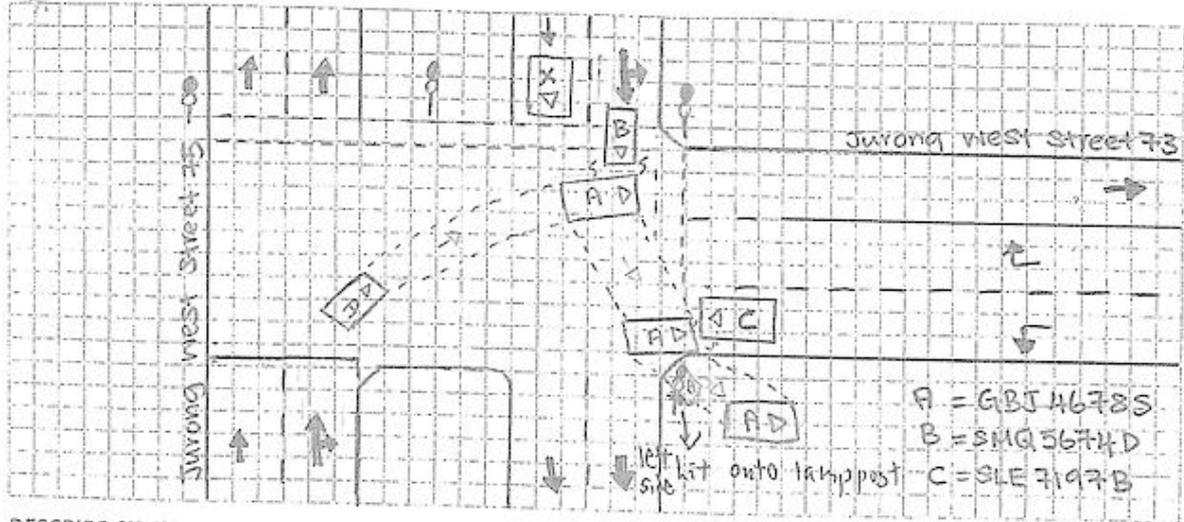
Signature

Driver's Signature
HP driver to hold this policyholder's
Date & Time



Reporting Centre Personnel's Signature
Name
HP/Cell No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

DECLARATION

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

G & P 膠袋供應
 G & P PLASTIC SUPPLY

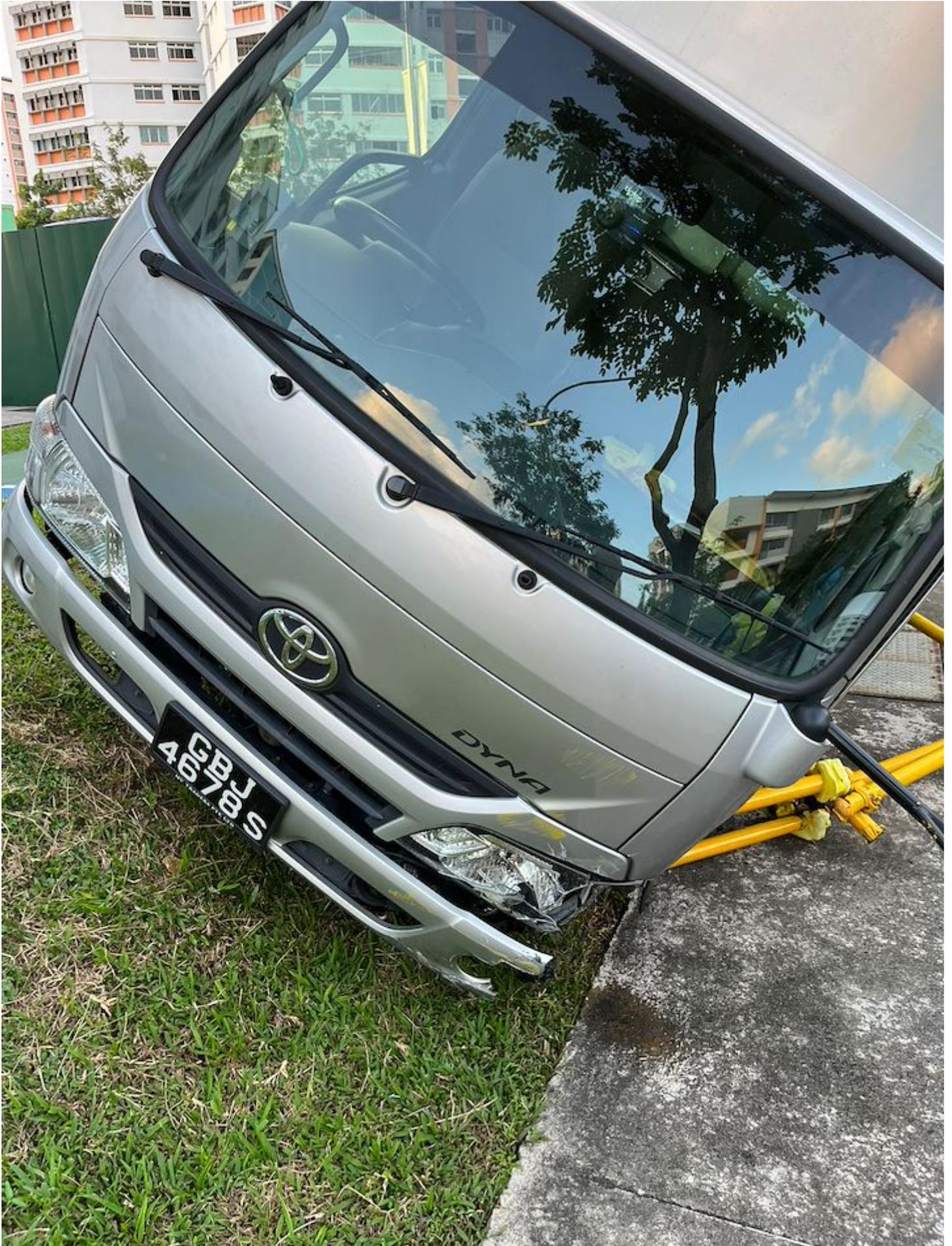
Goh

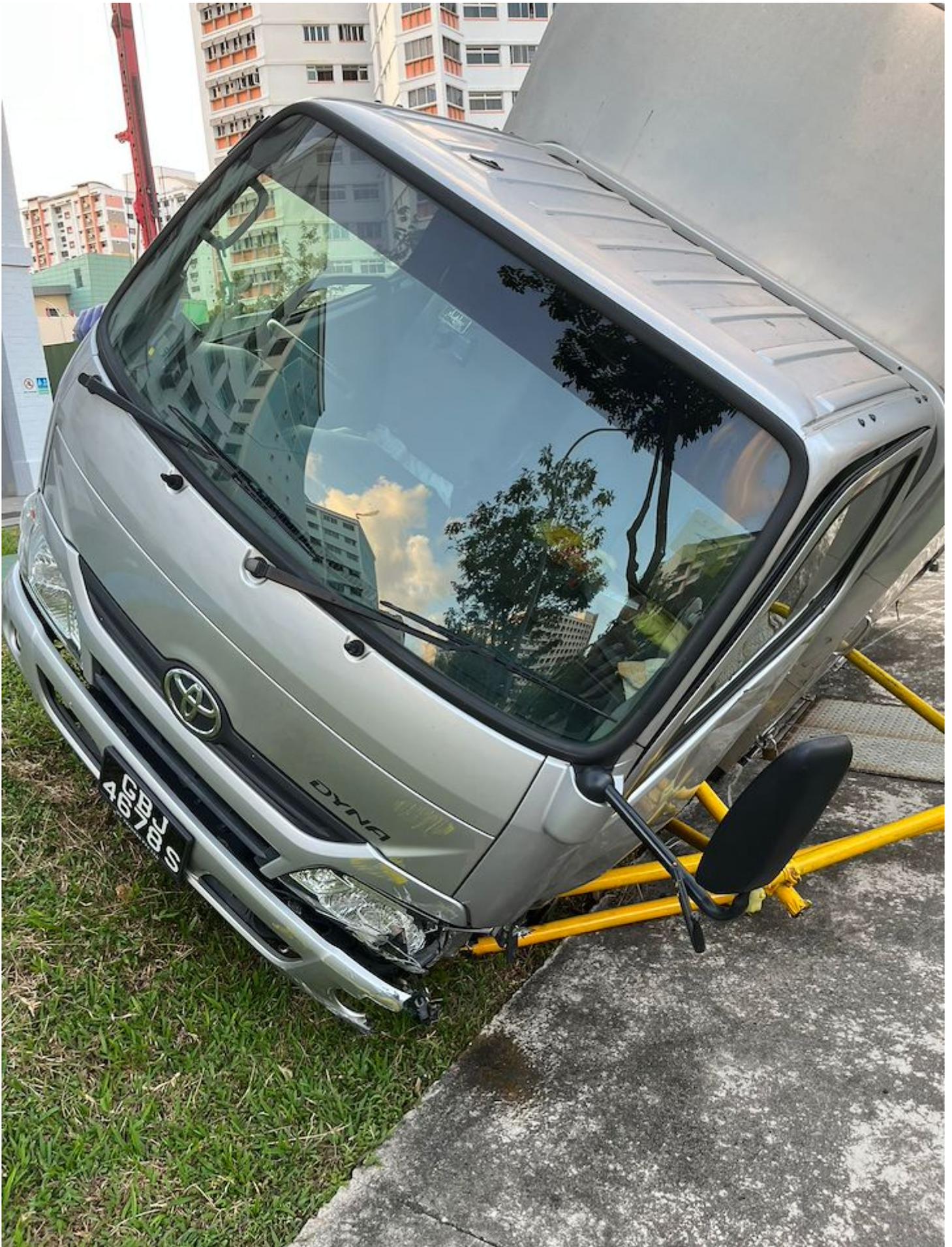
Policyholder's Name: Peter Goh
 HP: 9049 5422, HP: 8155 3932

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

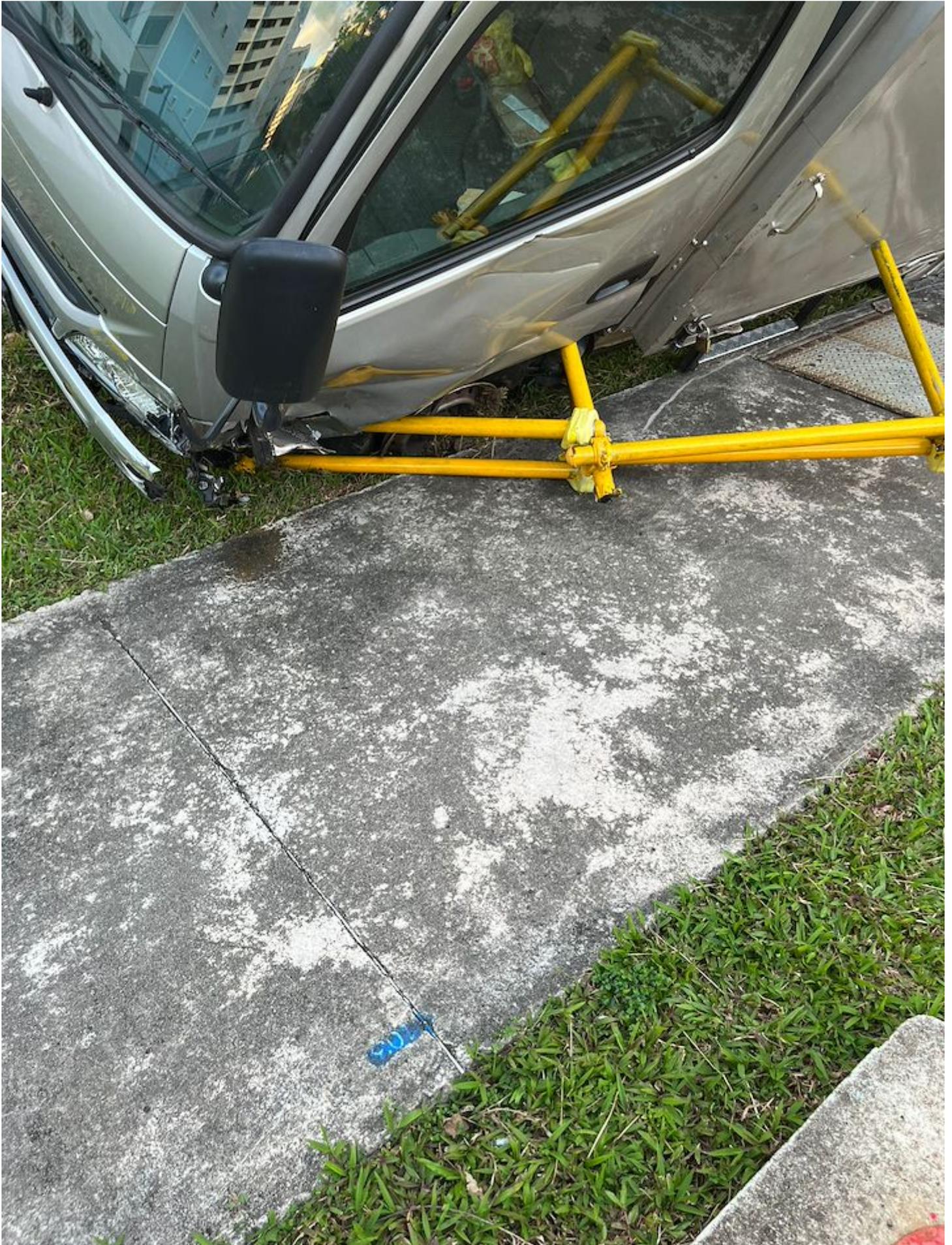


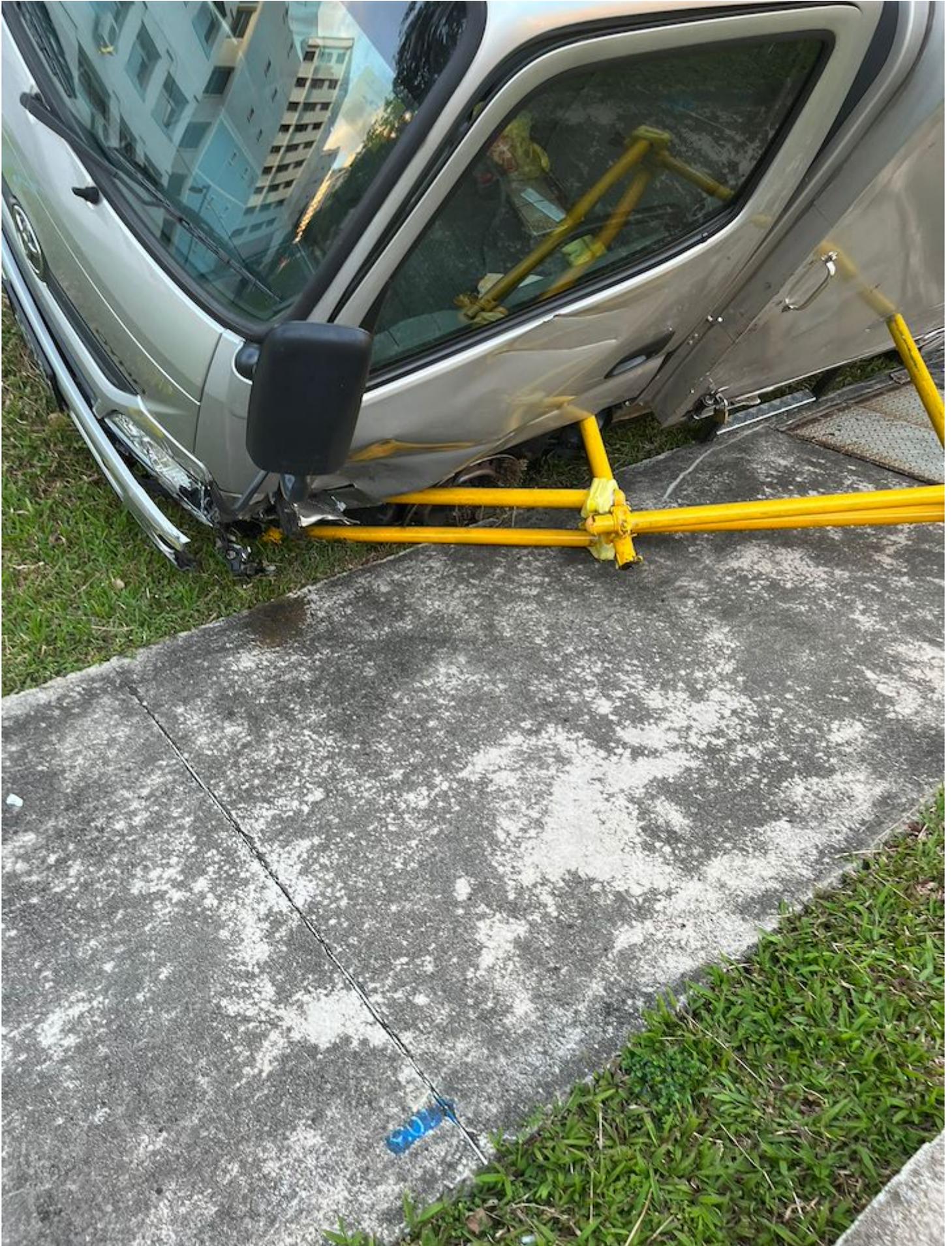
Reporting Centre Person's Signature
 Name:
 NRIC/PII No.:





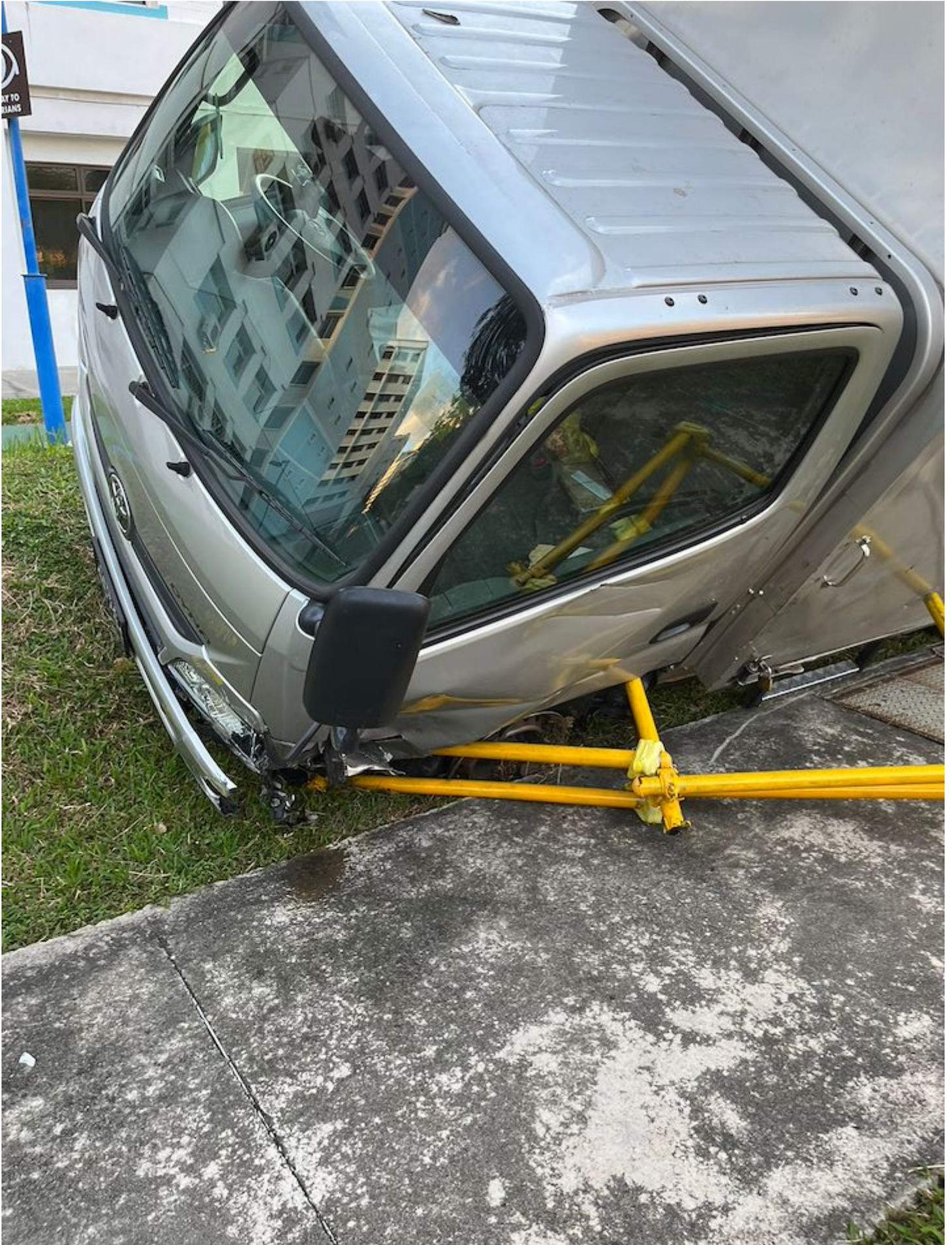


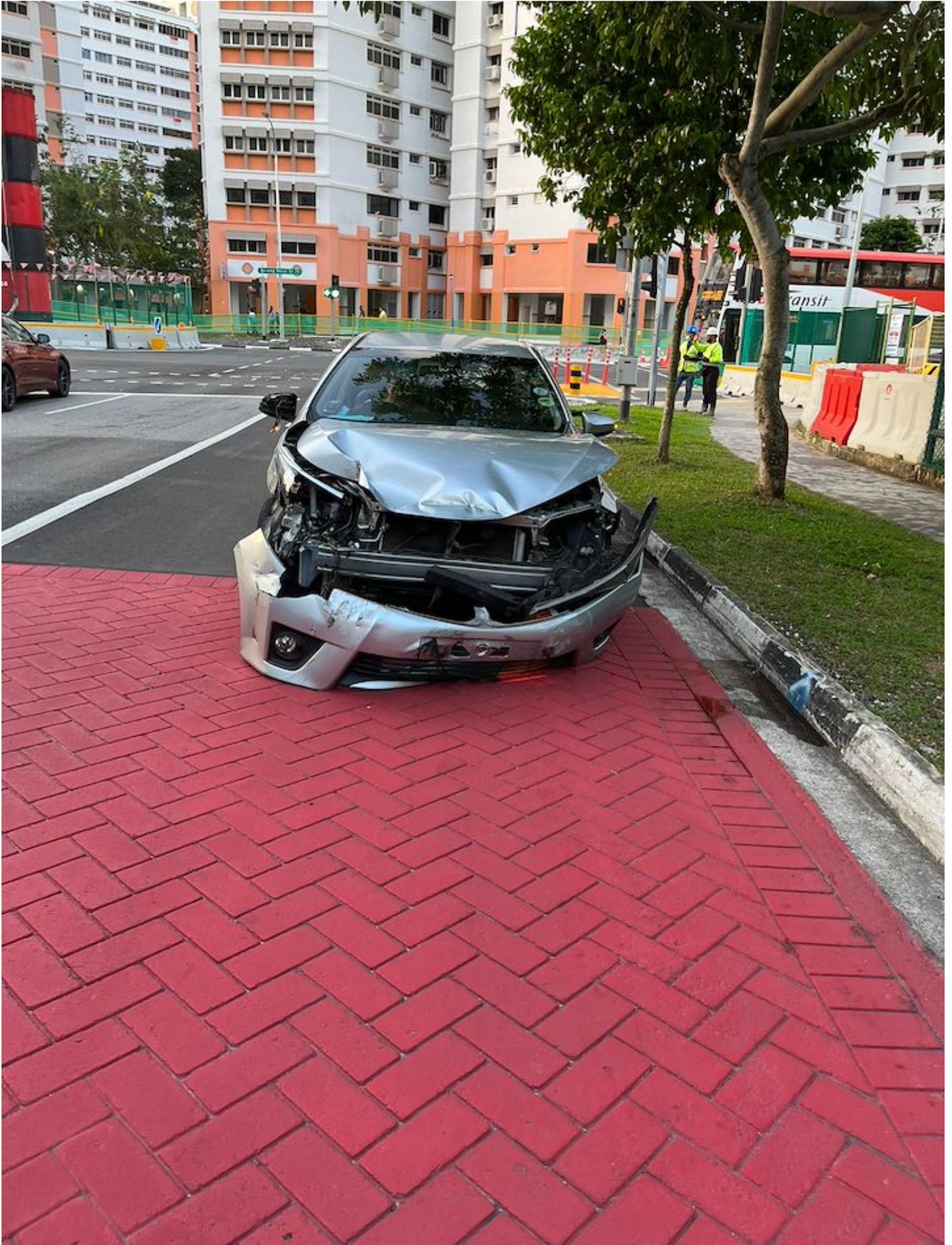






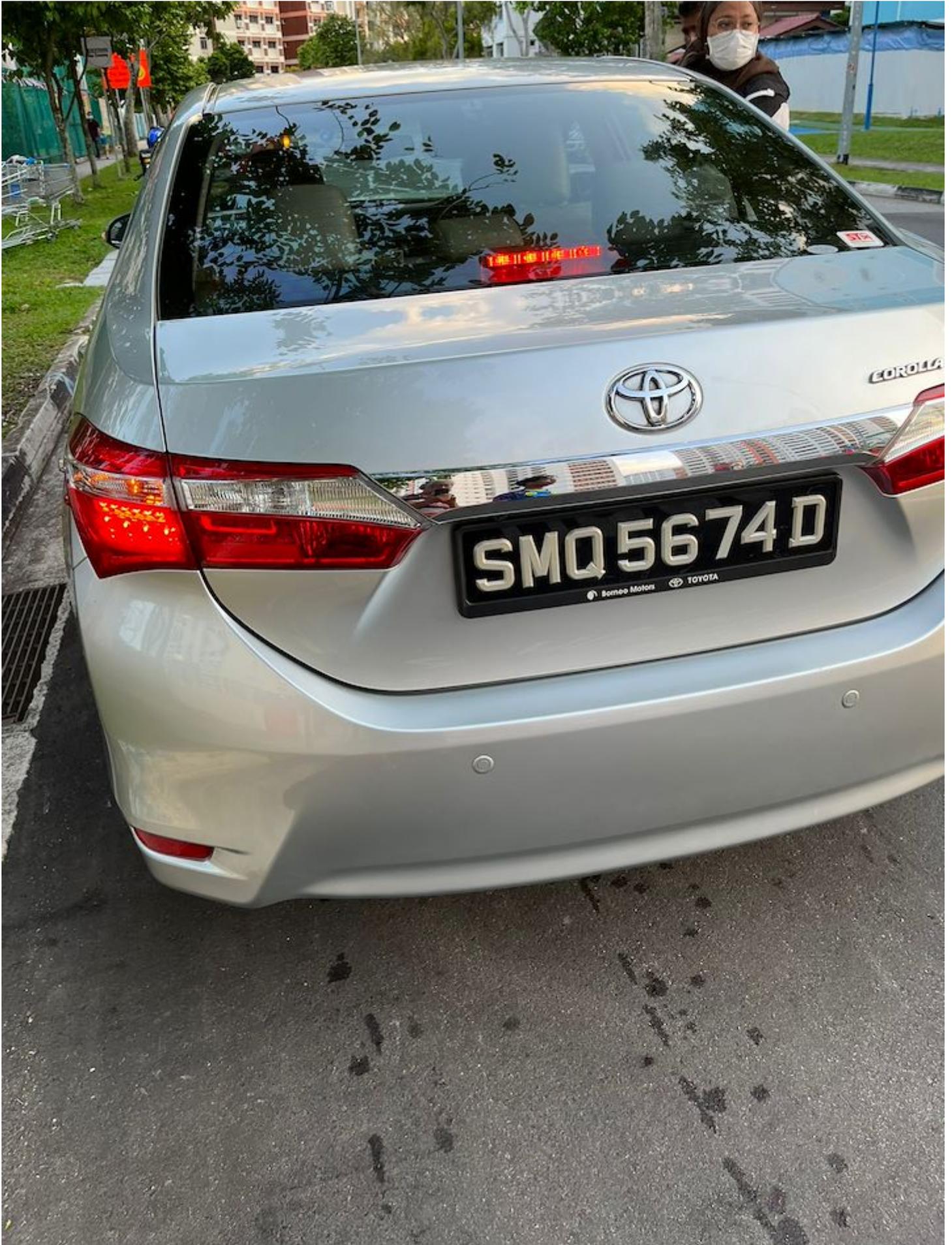




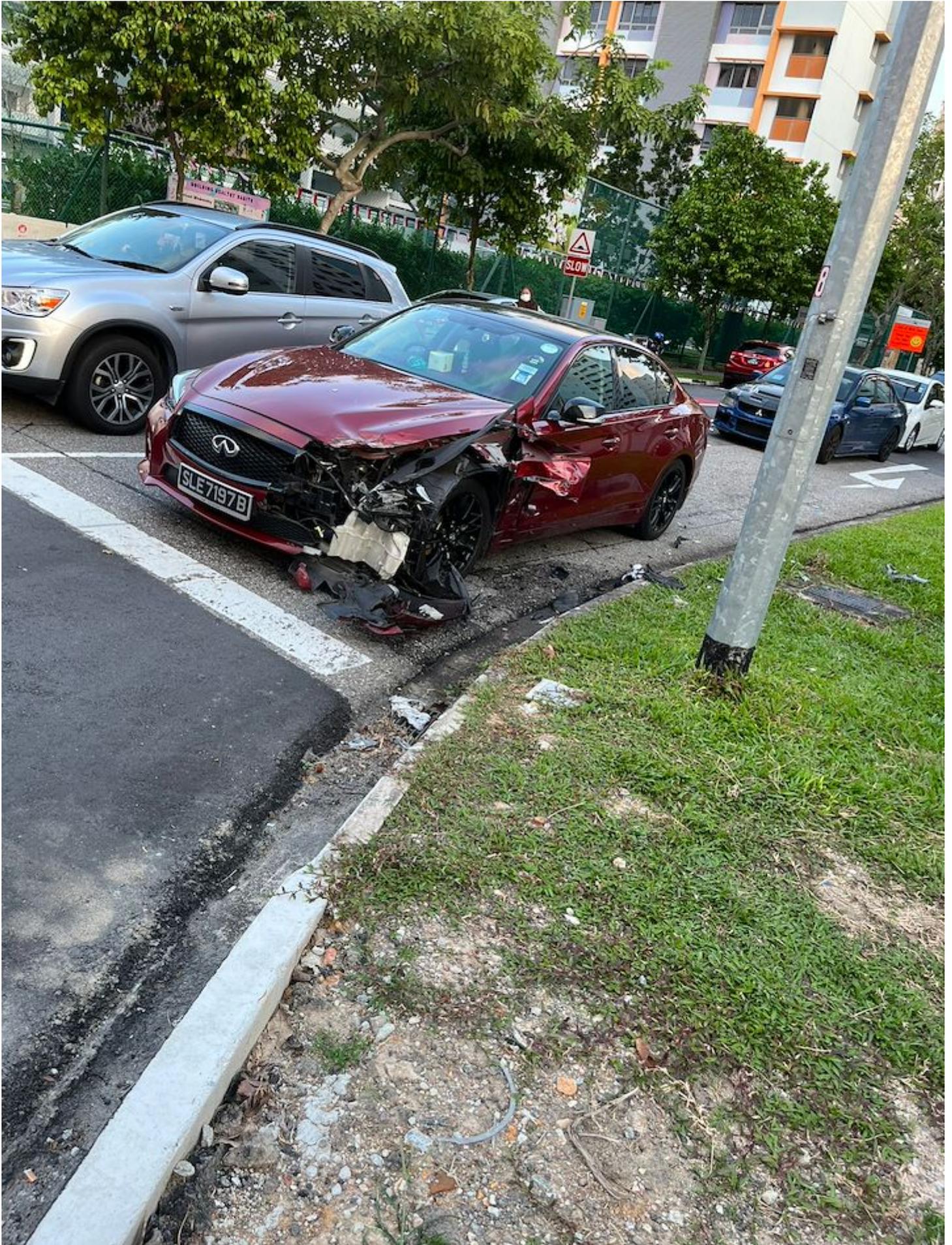


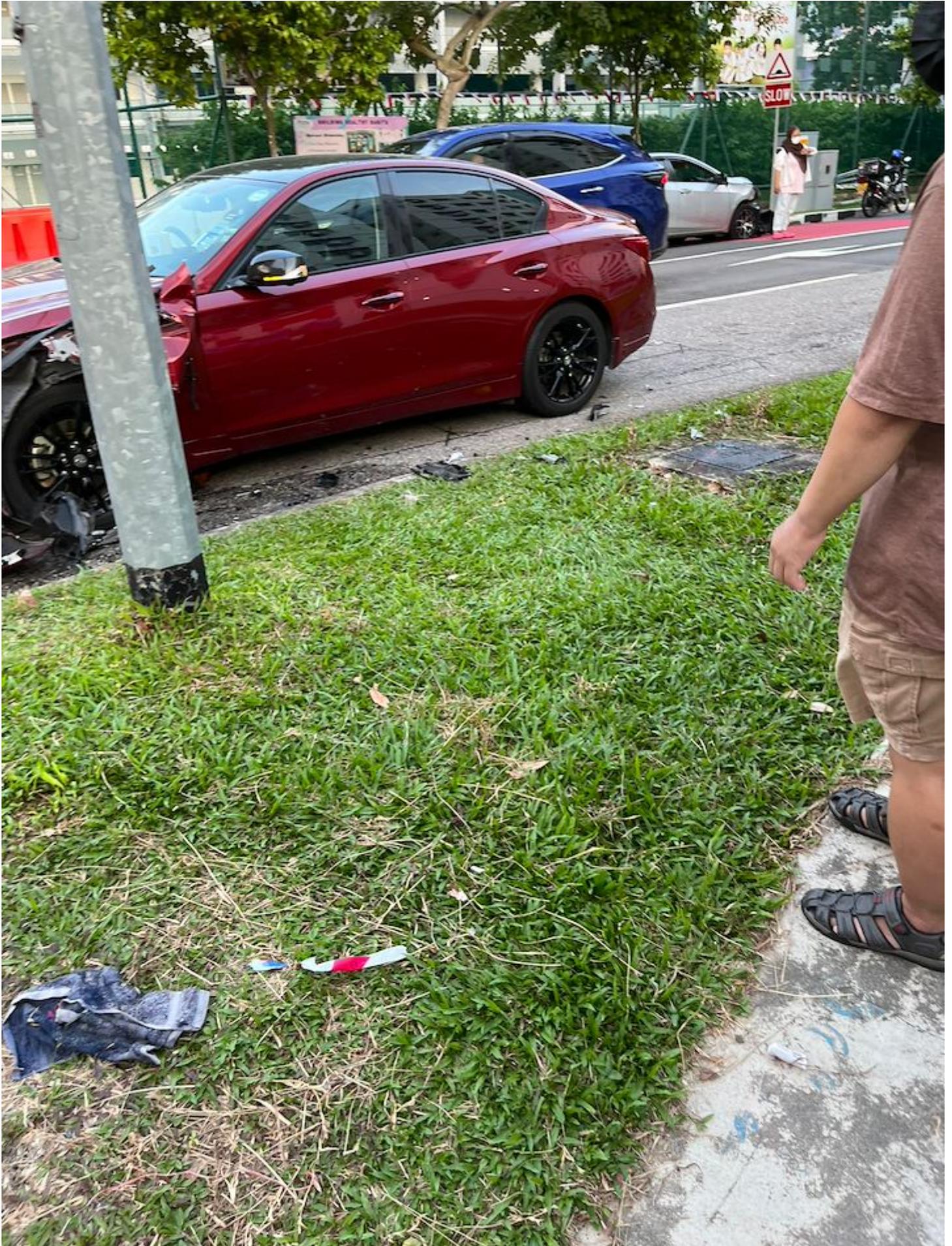


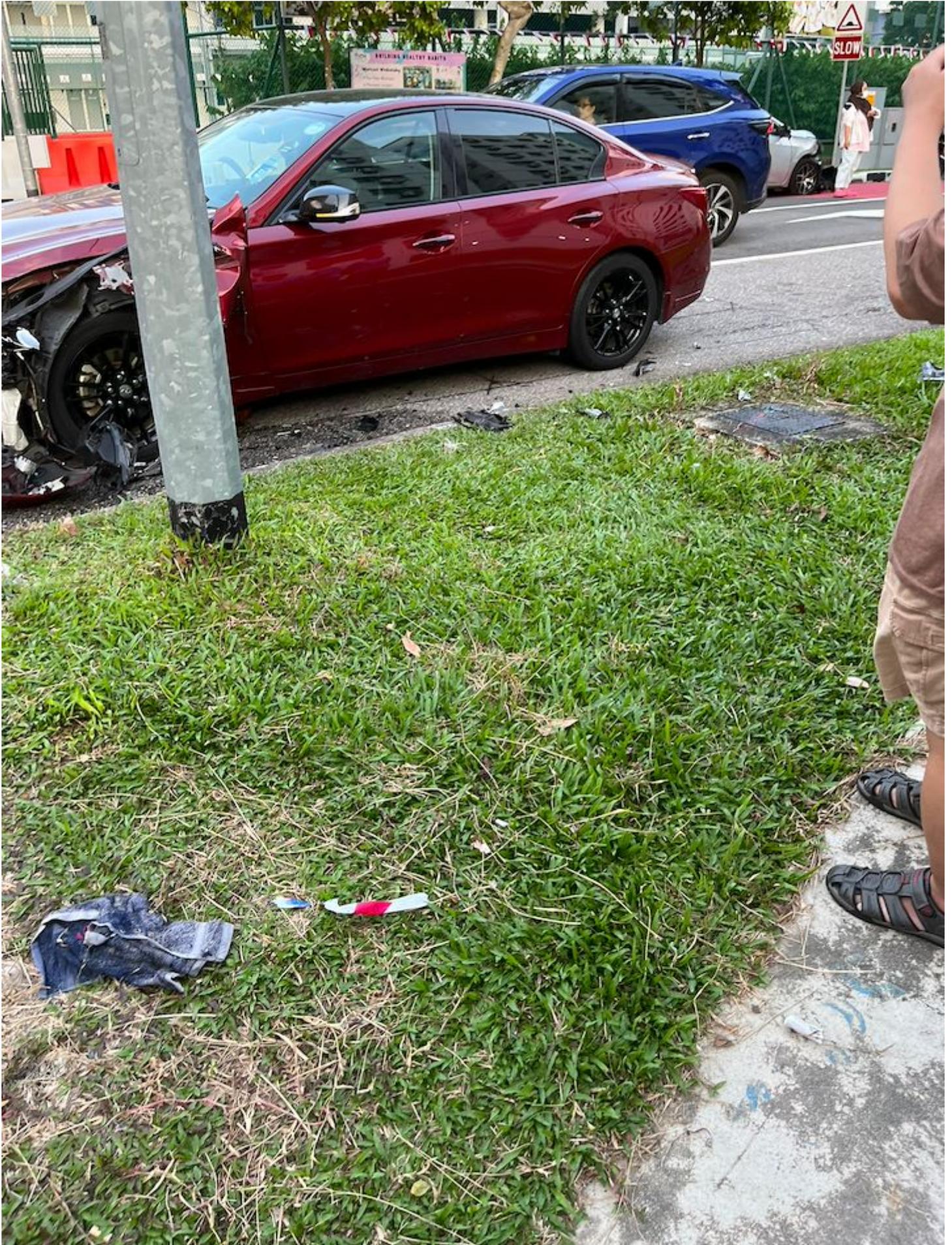










































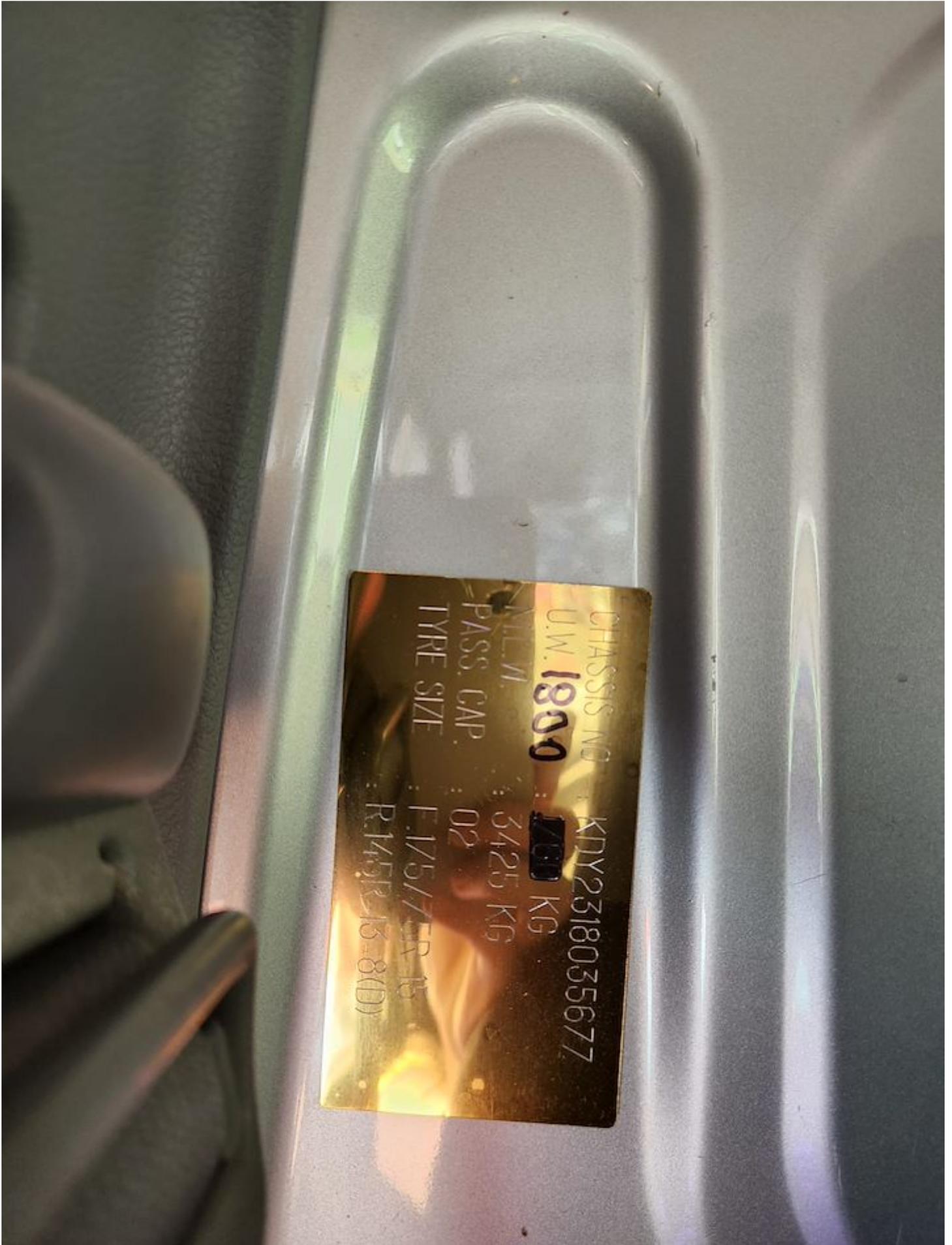












CHASSIS NO : KPHY2318035677
U.W. **1800** : **1800** KG
M/L/M : 3425 KG
PASS. CAP. : 02
TYRE SIZE : F.175/75R15
R145R15 80D





**SINGAPORE
POLICE FORCE**



T/20220811/7008

1 of 3

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

Report No. T/20220811/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2022 11:13		Vide Report No.: J/20220810/0098		Station Diary No.:	
Informant's Particulars					
Name of Informant: GOH KIM POH			Address: 737 JURONG WEST STREET 75 #05-57 SINGAPORE 640737		
ID Type / ID No.: NRIC NO / S0130971D			Contact No.: Home/Office:		Mobile: 90495422
Nationality: SINGAPORE CITIZEN			Email: kaw1688@hotmail.sg		
Sex: Male	Age: 70	Date of Birth: 23/06/1952	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: self employed			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/08/2022 18:40	Type of Location: T-Junction
Location: JURONG WEST STREET 75				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ4678S	Lorry					0
SLE7197B	Car					0
SMQ5674D	Car					0



**SINGAPORE
POLICE FORCE**



T/20220811/7008

2 of 3

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

Report No. T/20220811/7008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH KIM POH	ID No.	S0130971D
Related Vehicle	GBJ4678S (Lorry)	Contact No.	90495422
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
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SMQ5674D (Car)	Contact No.	NIL
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	Slight

Brief Details.

On 10/08/2022 at about 1841hrs, I was travelling in my lorry bearing GBJ4678S, along Jurong West St 75 turning towards St 73 at the junction. When the traffic light turns green, I waited for few seconds before turning right as the other cars across the road did not move. While moving halfway into the junction, one silver car bearing SMQ5674D suddenly moved off in a high speed and crashed onto the left front side of my lorry, causing my lorry to swerved to the right and hit onto another stationary vehicle bearing car plate number SLE7197B. My lorry then lost control and went up to the pathway on the right. Police and ambulance was at scene and the driver of SMQ5674D was conveyed to hospital. I did not sustain any visible injuries. There is car camera in my lorry and I have recorded the footages.



**SINGAPORE
POLICE FORCE**



T/20220811/7008

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

3 of 3
Report No. T/20220811/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/08/2022 11:13
Officer In Charge Of Case: TP / TPIB / AHMAD SYAFIQ BIN HARRIS Contact No.: 65476201	Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: GBJ4178
 Name (as shown in NRIC): G & P Plastic Supply NRIC/FIN/Passport No: 5XXXX497C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 97102524
 Email Address: kaw1688@hotmail.com
 Date of Accident: 10/8/22 Time of Accident: 18:40
 Place of Accident: Jurong West Street 75
 Insurance Company: IG

(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:

Attach Video Footage

Policyholder / Driver's Signature
Date: _____


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