

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	16/08/2022 12:28 (SGT)
Reported by	Both
Date of Accident	15/08/2022 17:21 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE SLIP RD TOWARDS ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG1266C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOH KWANG CHOW GREGORY
Company Reg No	SXXXX244F
Email Address	goh.gregory@gmail.com
Mobile Phone No	(Phone) +65-91179001
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Eclipse cross
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01017019

DRIVER

Name of Driver	GOH KWANG CHOW GREGORY
Company Reg No	SXXXX244F
Date Of Birth	24/05/1985
Occupation	Indoor

Date Of Driving Pass	23/08/2005
Driving experience	17 YEARS
Gender	Male
Mobile Number	(Phone) +65-91179001
Alt. Phone Number	-
Email Address	goh.gregory@gmail.com
Address	BLK 337 TAMPINES ST 32 #05-468
Address complement	-
Postcode	520337
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	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	4
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

REFER TO POLICE REPORT, REF NO: T/20220815/7041

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	XE1706E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	GBE4106C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 3

Vehicle Registration Number	GY4391E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

SKETCH PLAN

IMPORTANT NOTICE

1. Please read carefully the terms and conditions of this agreement.
2. This agreement is submitted by the Policyholder and the Authorized Driver.
3. Information provided must be true and accurate as possible. Any false information provided may result in the policy being voided.
4. The policyholder and the Authorized Driver agree to indemnify and hold the insurer harmless from all claims, damages, costs and expenses, including legal fees, arising from the use of the vehicle.
5. Any third party claim may be referred to the Police for investigation.
6. The respective liability for the insured of the vehicle is determined by the respective insurance policy.
7. The insured agrees to provide the insurer with all necessary information and documents to enable the insurer to investigate and settle any claim.
8. Consent under the Personal Data Protection Act (PDPA):
 - a. I, the insured, do hereby agree to the insurer's use of my personal data for the purposes of:
 - i. My name, my address, and my telephone number, since I am a resident of Singapore (SIA) who is registered to drive a vehicle and possess my Personal Data Protection Act (PDPA) and my vehicle insurance policy.
 - ii. My name, my address, and my telephone number, since I am a resident of Singapore (SIA) who is registered to drive a vehicle and possess my Personal Data Protection Act (PDPA) and my vehicle insurance policy.
 - iii. My name, my address, and my telephone number, since I am a resident of Singapore (SIA) who is registered to drive a vehicle and possess my Personal Data Protection Act (PDPA) and my vehicle insurance policy.
 - b. I, the insured, do hereby agree to the insurer's use of my personal data for the purposes of:
 - i. My name, my address, and my telephone number, since I am a resident of Singapore (SIA) who is registered to drive a vehicle and possess my Personal Data Protection Act (PDPA) and my vehicle insurance policy.
 - ii. My name, my address, and my telephone number, since I am a resident of Singapore (SIA) who is registered to drive a vehicle and possess my Personal Data Protection Act (PDPA) and my vehicle insurance policy.
 - iii. My name, my address, and my telephone number, since I am a resident of Singapore (SIA) who is registered to drive a vehicle and possess my Personal Data Protection Act (PDPA) and my vehicle insurance policy.
 - c. I, the insured, do hereby agree to the insurer's use of my personal data for the purposes of:
 - i. My name, my address, and my telephone number, since I am a resident of Singapore (SIA) who is registered to drive a vehicle and possess my Personal Data Protection Act (PDPA) and my vehicle insurance policy.
 - ii. My name, my address, and my telephone number, since I am a resident of Singapore (SIA) who is registered to drive a vehicle and possess my Personal Data Protection Act (PDPA) and my vehicle insurance policy.
 - iii. My name, my address, and my telephone number, since I am a resident of Singapore (SIA) who is registered to drive a vehicle and possess my Personal Data Protection Act (PDPA) and my vehicle insurance policy.

Policyholder's Signature Date: 4/1/2024

Sketch Plan

Driver's Signature if driving not the policyholder Date: 4/1/2024

CITY AUTO PTE LTD
Blk 8 Sheng Road
#01-58/60/62 Sheng Road
Singapore 110008
Tel: 6453 1234 Fax: 6453 7890
(Claims Section)
Witnessed by: [Signature] Date: 4/1/2024
Personnel

Handwritten signature and date: 4/1/2024

Describe Circumstances of the Accident

1. Car driving on the road and was hit by a car from the left side. The impact caused the car to roll over and land on its side. The car was damaged and the driver was injured. The car was a 2010 Honda Civic. The driver was a 35-year-old male. The car was driving at a speed of 40 km/h. The accident occurred at the intersection of Road 1 and Road 2. The car was hit by a car from the left side. The impact caused the car to roll over and land on its side. The car was damaged and the driver was injured. The car was a 2010 Honda Civic. The driver was a 35-year-old male. The car was driving at a speed of 40 km/h. The accident occurred at the intersection of Road 1 and Road 2.

Declaration

I hereby declare that the information provided is true and correct.


 Driver's Signature (Print Name)
 Date

Driver's Signature (Print Name) Date

CITY AUTO PTE LTD
 1010 Sunning Road
 #01-50/50B2 Sun Ning Ind Est
 Singapore 375843
 Tel: 6453 1234 Fax: 6453 7894
 (Company Stamp)
 Witness's Signature (Print Name)
 Date



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24-27-28-29

1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23

24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2022 19:52	Vide Report No.: G/20220815/0132	Station Diary No.:
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Informant's Particulars

Name of Informant: GOH KWANG CHOW, GREGORY			Address: 530B PASIR RIS DRIVE 1 #04-380 SINGAPORE 512530		
ID Type / ID No.: NRIC NO / S8516244F			Contact No.: Home/Office: Mobile: 91179001		
Nationality: SINGAPORE CITIZEN			Email: GOH.GREGORY@GMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 24/05/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 15/08/2022 17:21	Type of Location: Straight Road
Location: TPE SLIP ROAD KPE > ECP (LP120)				
Lamp Post Number: 120				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: BETWEEN MOVING VEHICLES SIDE TO SIDE AND HEAD TO REAR			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE4106C	Van		URVAN NV350	Blue	Slightly Damaged	0
GY4391E	Van		URVAN	Silver	Slightly Damaged	0
SMG1266C	Car	MITSUBISHI	ECLIPSE CROSS	Red	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220815/7041

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20220815/7041

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
XE1706E	Lorry			Grey	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG1266C	TENET SOMPO INSURANCE PTE. LTD.	D21MTPV01017019	27/12/2021	26/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH KWANG CHOW, GREGORY		ID No. S8516244F
Related Vehicle	SMG1266C (Car)		Contact No. 91179001
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

Brief Details.

I EXIT TPE AND ENTERED KPE TOWARDS ECP TRAVELING ALONG THE 3RD LANE THROUGHOUT WHEN TRUCK (XE1706E) FILTERED INTO MY LANE FROM LANE 2. XE1706E HIT MY DRIVER SIDE AND THE IMPACT CAUSED ME TO SWIRVED LEFT INTO THE ROAD SHOULDER AND JAM BREAK. BLUE VAN (GBE4106C) WAS BEHIND ME AND GRAZED THE DRIVER SIDE OF MY CAR.



**SINGAPORE
POLICE FORCE**



T/20220815/7041

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

3 of 3

Report No. T/20220815/7041

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 /
TAN JUN YAN
Contact No.: 65476311

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

Date/Time:
15/08/2022 19:52

Classification Of Case:

This report is lodged at Pasir Ris NPC Kiosk 1
NP168