

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	17/08/2022 17:40 (SGT)
Reported by	Both
Date of Accident	16/08/2022 17:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	50 MARINE PARADE ROAD ROUNDABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN6918Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH SHO BOON
NRIC No	SXXXX234J
Email Address	joyleeshi@me.com
Mobile Phone No	(Phone) +65-90267830
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	1.8 CVT
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	1798

INSURANCE COMPANY

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

DRIVER

Name of Driver	LEE SHI JOY
NRIC No	SXXXX062H
Date Of Birth	18/11/1986
Occupation	Indoor

Date Of Driving Pass	02/02/2007
Driving experience	15 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90664533
Alt. Phone Number	-
Email Address	joyleeshi@me.com
Address	BLK 517C JURONG WEST ST 52 #15-567
Address complement	-
Postcode	643517
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	GOH DE GUANG NOAG
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

ON THE STATED VENUE, DATE & TIME. I, VEHICLE A, BEARING CAR PLATE SLN6918Y WAS STATIONARY BEHIND THE STOP LONE ON LANE 1 AT MARINE PARADE ROAD. AFTER I CHECKED AND PREPARED TO LEAVE THE STOP LINE, BEFORE ENTERING INTO THE ROUNDABOUT. SUDDENLY, I FELT A POWERFUL IMPACT FROM THE REAR PORTION OF THE VEHICLE. I SLOWLY MOVE MY CAR TO THE SIDE OF THE ROAD AND ALIGHTED MY CAR. I TOOK PHOTOS OF THE ACCIDENT SCENE AND EXCHANGED PARTICULAR WIT THE OTHER PARTY. AT NIGHT MY KID AND I FELT THE PAIN FROM THE ACCIDENT. SO THE NEXT DAY. MY KID AND I SUFFER PAIN ON OUR NECK AND LOWER BACK, SO WE WENT TO ICON MEDICAL CLINIC AT JURONG WEST TO CONSULT A DOCTOR. WE RECEIVED 3 DAYS MC
I LIKE TO STATE THAT MY KID WAS SITTING ON THE FRONT PASSENGER SEAT WITH HIS SEAT BELT ON

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 SLJ4610T
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 LEE SHI JOY
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK & SHOULDER PAIN
Injured person in which vehicle? SLN6918Y
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person GOH DE GUANG NOAH
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK & SHOULDER PAIN
Injured person in which vehicle? SLN6918Y
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.



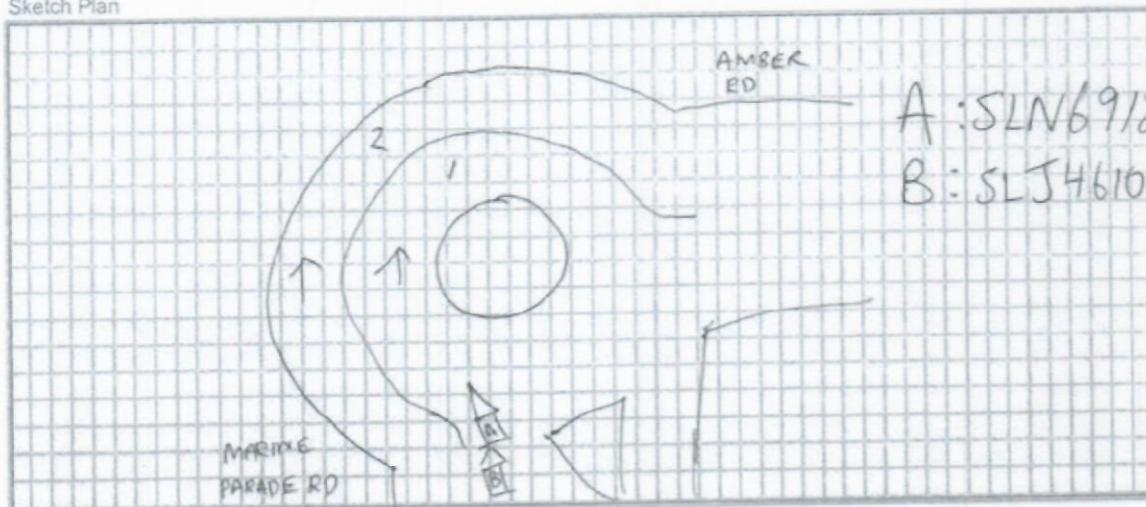
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20220817/7012

1 of 4

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

Report No. T/20220817/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2022 12:18	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LEE SHI, JOY			Address: 517C JURONG WEST STREET 52 #15-567 SINGAPORE 643517	
ID Type / ID No.: NRIC NO / S8633062H			Contact No.:	Mobile: 90664533
Nationality: SINGAPORE CITIZEN			Email: JOYLEESHI@ME.COM	
Sex: Female	Age: 35	Date of Birth: 18/11/1986	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/08/2022 17:25	Type of Location: Roundabout
Location: MARINE PARADE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SLJ4610T	Car				Seriously Damaged	0
SLN6918Y	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220817/7012

2 of 4

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

Report No. T/20220817/7012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	GOH DE GUANG, NOAH	ID No.	T1016412A
Related Vehicle	SLN6918Y (Car)	Contact No.	90664533
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	17/08/2022	Date	17/08/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	LEE SHI, JOY	ID No.	S8633062H
Related Vehicle	SLN6918Y (Car)	Contact No.	90664533
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	17/08/2022	Date	17/08/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

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POLICE FORCE**



T/20220817/7012

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

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Report No. T/20220817/7012

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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

Signature Of Informant:

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

Date/Time:
17/08/2022 12:18

Classification Of Case:





**SINGAPORE
POLICE FORCE**



T/20220817/7012

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

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Report No. T/20220817/7012

CONTINUATION OF REPORT

6/12

