

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	19/08/2022 11:16 (SGT)
Reported by	Both
Date of Accident	18/08/2022 10:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JLN TOA PAYOH TWDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBN1011P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH JIAK NGUAN
NRIC No	SXXXX881H
Email Address	jack@furntex.com
Mobile Phone No	(Phone) +65-97351011
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	740li
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	2998

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V04765/VPC2/R00

DRIVER

Name of Driver	GOH JIAK NGUAN
NRIC No	SXXXX881H
Date Of Birth	18/10/1959
Occupation	Outdoor

Date Of Driving Pass	26/07/1977
Driving experience	45 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97351011
Alt. Phone Number	-
Email Address	jack@furntex.com
Address	78 ENG KONG TERRACE
Address complement	-
Postcode	599032
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	Chain Collision
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	NEO CHEW PENG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220818/2087

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW8142H
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LAW TEK WEE
NRIC No	SXXXX294G
Contact Number	(Phone) +65-98976261
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	SND2851K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH SOO SING,ROBIN
NRIC No	SXXXX252G
Contact Number	(Phone) +65-82688805
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 JIAK NGUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SBN1011P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.


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.













 18/08/2022
Policyholder's Signature / Date & Time

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

 19/08/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

JALAN TOA PAYOH TOWAS CHANGI

A - SBN1011P																																																																																																																																																																																																																																																																																																																			
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Describe Circumstance of the Accident

P/s refer to the police report: T/20220818/2087


Declaration

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

 18/08/2022

Policyholder's Signature / Date & Time

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

 19/08/22

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



**SINGAPORE
POLICE FORCE**



T/20220818/2087

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

2 of 3

Report No. T/20220818/2087

CONTINUATION OF REPORT

Driver			
Name	GOH JIAK NGUAN	ID No.	S1368881H
Related Vehicle	SBN1011P (Car)	Contact No.	97351011
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	18/08/2022	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the 18/08/22, at around 1010hrs. I was driving (White BMW, SBN1011P) on PIE (Jalan Toa Payoh area) towards the direction of Changi, at most right lane (lane 1). The cars at the front starting to apply brakes. Hence, I followed as well. I applied my brakes gradually to a point that my vehicle almost came to a stop. Suddenly, I felt a collision from my rear. Due to impact, my body and my vehicle jerked forward. Within seconds, I feel a secondary jerk from the back.

I came down and look and realized that a vehicle (Black Mazda SLW8142H) had collided on my rear, and thus caused a third car collided to the vehicle. We exchanged our particulars (Mr Law, Hp: 98976261), took pictures of the accident and left the site. Due to the accident, I felt pain on my neck and dizzy, as such I visited the clinic. The Doctor (Dr Lim) conducted X-ray and informed that there no fracture yet. However, he informed me to observe for the next few for any pain, hence he issued me MC (No: 0000096002) and some medication. My Vehicle's back bumper had some damages due to accident.

I would like to inform that I have a front and back dashcam that had captured the accident.

That's All.









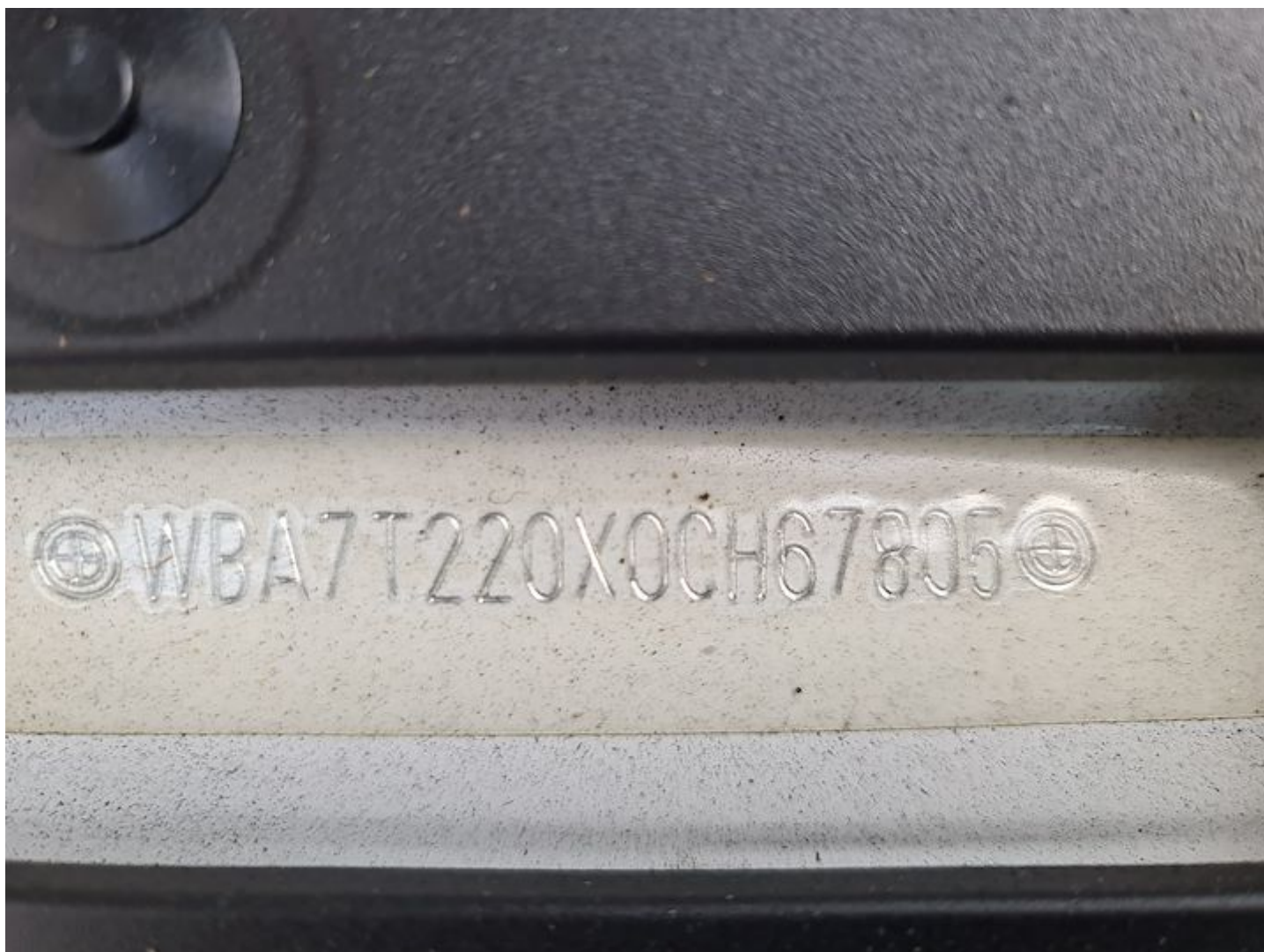















**SINGAPORE
POLICE FORCE**


T/20220818/2087

1 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20220818/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2022 17:04		Vide Report No.:		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: GOH JIAK NGUAN			Address: 78 ENG KONG TER SINGAPORE 599032		
ID Type / ID No.: NRIC NO / S1368881H			Contact No.: Home/Office: Mobile: 97351011		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 18/10/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BUSINESSMAN			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/08/2022 10:10	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		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
SBN1011P	Car				Slightly Damaged	1
SLW8142H	Car				Slightly Damaged	1

Details of Person Involved

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



Signature:

Singapore Police Force


**SINGAPORE
POLICE FORCE**


T/20220818/2087

2 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20220818/2087

CONTINUATION OF REPORT

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T/20220818/2087

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Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

3 of 3

Report No. T/20220818/2087

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:

F /

SGT 2 Leong Shi Da

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/08/2022 17:04

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168

SN 085



Signature:

Singapore Police Force