

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	18/08/2022 14:07 (SGT)
Reported by	Both
Date of Accident	18/08/2022 08:10 (SGT)
Exact Location of Accident	Bukit Timah, Singapore
Additional Location Information	Bukit Timah Expressway towards PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML5274B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Goh Chin Kwan Christopher
NRIC No	S7607997H
Email Address	gckchris@yahoo.com
Mobile Phone No	(Phone) +65-92994527
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Octavia
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	1984

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00117932201

DRIVER

Name of Driver	Goh Chin Kwan Christopher
NRIC No	S7607997H
Date Of Birth	18/03/1976
Occupation	Indoor

Date Of Driving Pass	01/07/1994
Driving experience	28 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92994527
Alt. Phone Number	-
Email Address	gckchris@yahoo.com
Address	52 Choa Chu Kang North 7 #09-25
Address complement	-
Postcode	689528
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JVB6190
Vehicle Category	Motorcycle

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 attached police report no: T/20220818/7003

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	JVB6190
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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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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 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.

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

Refer to Police Report:

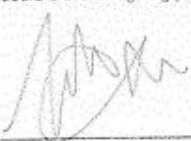
Butt Road, Esplanade
Towards Sun Island Esplanade
Vehicle A - SMC 5214-B
Vehicle B - JVB 6140


Describe Circumstance of the Accident


Refer to Police Report.

Declaration

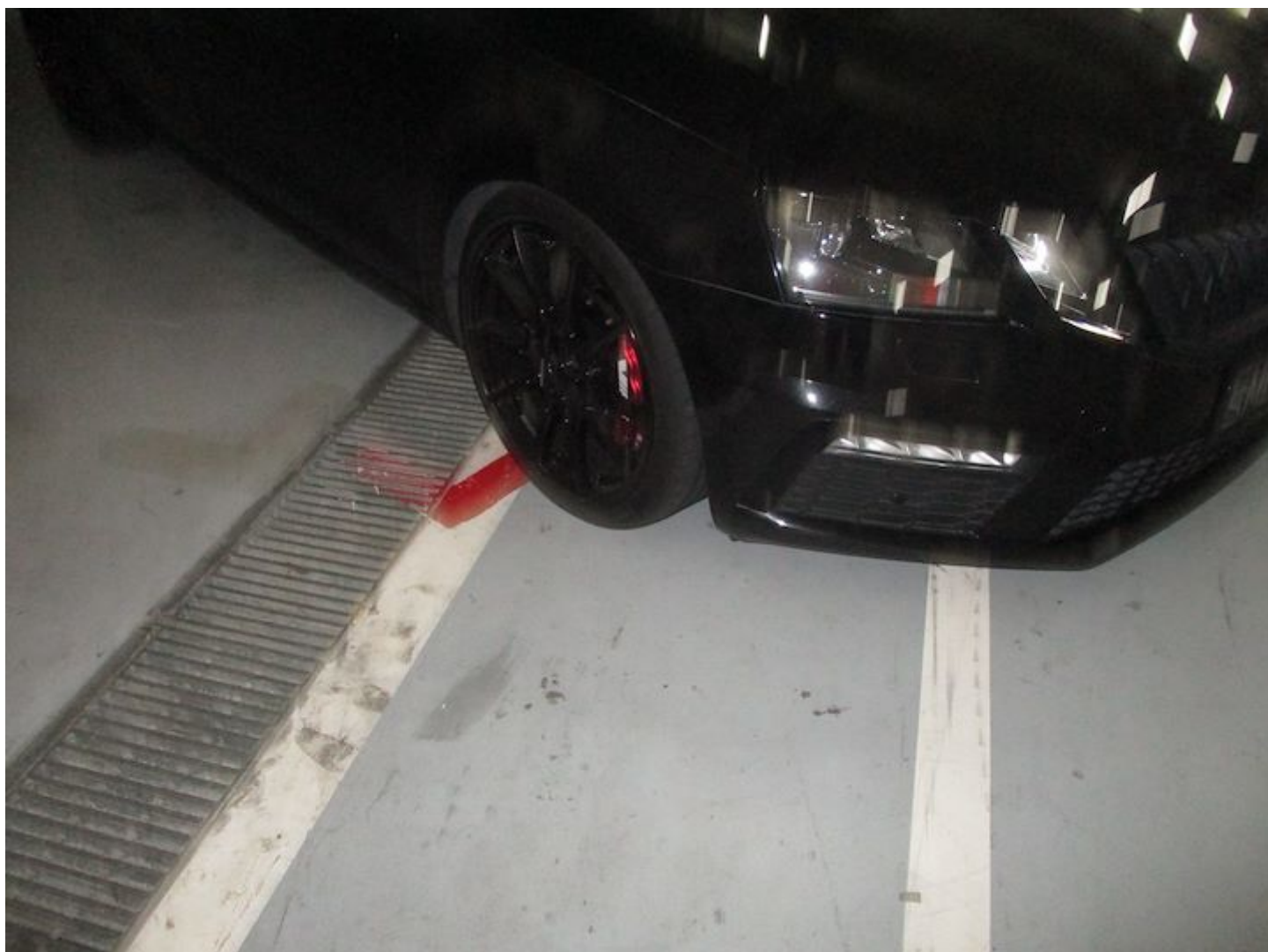
I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


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



















**SINGAPORE
POLICE FORCE**



T/20220818/7003

1 of 3

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

Report No. T/20220818/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2022 10:05		Vide Report No.: J/20220818/0045		Station Diary No.	
Informant's Particulars					
Name of Informant: GOH CHIN KWAN CHRISTOPHER			Address: 52 CHOA CHU KANG NORTH 7 #09-25 SINGAPORE 689528		
ID Type / ID No.: NRIC NO / S7607997H			Contact No.: Home/Office: Mobile: 92994527		
Nationality: SINGAPORE CITIZEN			Email: GCKCHRIS@YAHOO.COM		
Sex: Male	Age: 46	Date of Birth: 18/03/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/08/2022 08:10	Type of Location: Straight Road
Location: Bukit Timah Expressway Towards Pan Island Expressway				
Lamp Post Number: 254				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
JVB6190	Motorcycle				Slightly Damaged	0
SML5274B	Car	SKODA	Octavia	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220818/7003

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

2 of 3
Report No. T/20220818/7003

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML5274B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001179 32201	24/05/2022	23/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH CHIN KWAN CHRISTOPHER	ID No.	S7607997H
Related Vehicle	SML5274B (Car)	Contact No.	92994527
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the 18/08/2022 at about 0810hrs, I was SML5274B travelling on the second lane cutting into the first lane. After travelling for a moment, I noticed that there was bang sound. I got down from the vehicle and exchanged particulars. The driver is a motorcyclist, foreign vehicle, JVB6190 and he had collided from the front of his motorcycle to the rear of my car. There was damages on the right hand side of my bumper and rear light cracked. I noticed that the motorcyclist suffered a cut on his right hand. Ambulance was at scene. However he was not conveyed to the hospital. The motorcyclist was conscious. Traffic police was at scene. No government property was damaged. No MC were given to either of us. I have already handed over the CCTV footage of the accident to the traffic police for further actions.



**SINGAPORE
POLICE FORCE**



T/20220818/7003

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

3 of 3

Report No. T/20220818/7003

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:
18/08/2022 10:05

Officer In Charge Of Case:
TP / TP1B /
MOHAMMED FERAZ BIN HUSSEIN
Contact No.: 65476206

Classification Of Case:

This report is lodged at Bukit Panjang South NPP Kiosk 1
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: SS2E 228 I0005 Vehicle Registration No: SML 5274 B
 Name (as shown in NRIC): Yoh Chin Kuan Christopher NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9299 4527
 Email Address: gckchris@yahoo.com
 Date of Accident: 18-08-2022 Time of Accident: 08:10
 Place of Accident: Bt. Timah Expressway towards PIE
 Insurance Company: China

(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:

Attached police report

Policyholder / Driver's Signature
 Date: _____

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