

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	05/09/2022 19:43 (SGT)
Reported by	Both
Date of Accident	04/09/2022 02:50 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA5459G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH HIAN TWEE
NRIC No	SXXXX505I
Email Address	franco4286@gmail.com
Mobile Phone No	(Phone) +65-98414168
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220064457

DRIVER

Name of Driver	GOH HIAN TWEE
NRIC No	SXXXX505I
Date Of Birth	14/09/1974
Occupation	Outdoor

Date Of Driving Pass	19/09/1997
Driving experience	25 YEARS
Gender	Male
Mobile Number	(Phone) +65-98414168
Alt. Phone Number	-
Email Address	franco4286@gmail.com
Address	BLK 170B PUNGGOL FIELD
Address complement	#10-699
Postcode	822170
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 - Change/cross lane
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)	4
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	TRIXIE GOH YU HUI
Gender	Female

PASSENGER 2

Name	TREVIS GOH HONG YI
Gender	Male

PASSENGER 3

Name	WU YING RONG
Gender	Female

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

PLS REFER TO THE POLICE REPORT:T/20220905/7020

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 SLL6496H
 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 GOH HIAN TWEE
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? SNA5459G
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person TRIXIE GOH YU HUI
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? SNA5459G
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person TREVIS GOH HONG YI
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? SNA5459G
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person	WU YING RONG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SNA5459G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

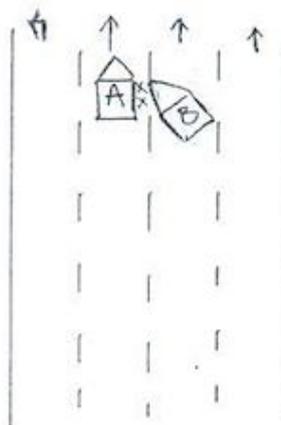

 Policyholder's Signature / Date & Time


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

 05/09/22
 Witnessed by Reporting Centre Personnel

Sketch Plan

SIMS AVENUE



Vehicle A: SNA 5459G
 Vehicle B: JLL 6496H

Describe Circumstances of the Accident

Handwritten notes on a lined background:

- Defendant
- TV
- Police
- T/ 20220905/2020
- PLA

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

 05/09/22
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220905/7020

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

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Report No. T/20220905/7020

CONTINUATION OF REPORT

Passenger			
Name	WU YING RONG	ID No.	S8532045I
Related Vehicle	SNA5459G (Car)	Contact No.	90187191
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/09/2022	Date	04/09/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 04/09/2022 at around 0250 hrs I was travelling along Sims Avenue towards Upper Changi direction at the junction of Eunos Rd 5. I am driving on lane 3 when suddenly a vehicle from the right lane swerve left abruptly attempting to turn into Eunos Road 5 and collided onto the right side of my vehicle. The impact was so huge and I try to control and stop the vehicle to check on my family members. After the accident I took photos and exchange particulars with other party. I wish to state that I have my wife and 2 childrens in my vehicle at the point of time. After the accident, I took my family members to Sengkang Hospital as we were injured prior to the accident.



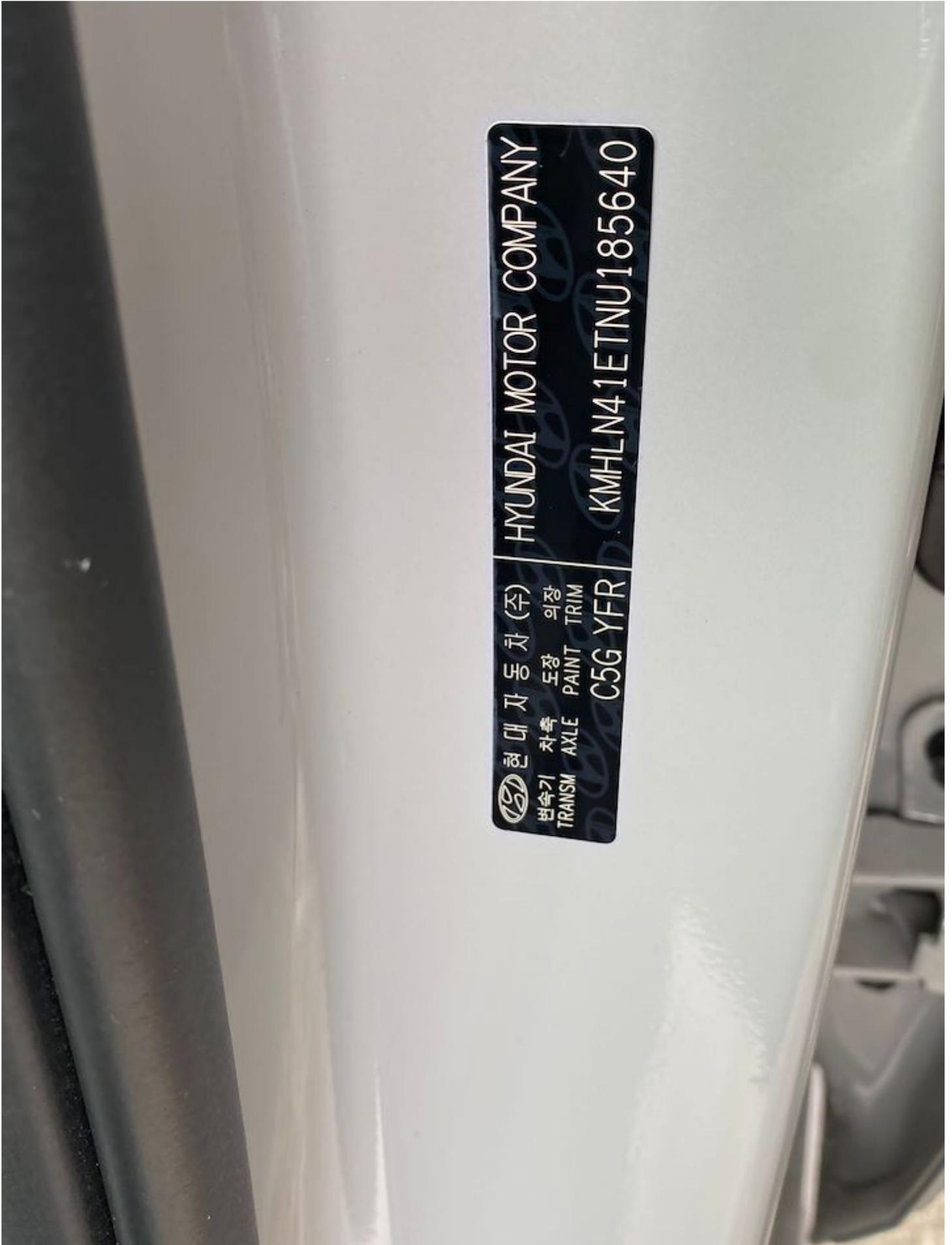















**SINGAPORE
POLICE FORCE**


T/20220905/7020

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

Report No. T/20220905/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2022 11:37		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GOH HIAN TWEE			Address: 170B PUNGGOL FIELD #10-699 SINGAPORE 822170		
ID Type / ID No.: NRIC NO / S74305051			Contact No.:		Mobile: 98414168
Nationality: SINGAPORE CITIZEN			Email: franco4286@gmail.com		
Sex: Male	Age: 47	Date of Birth: 14/09/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/09/2022 02:50	Type of Location: Straight Road
Location: SIMS AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLL6496H	Car				Seriously Damaged	1
SNA5459G	Car	HYUNDAI	CN7 AVANTE 1.6 DOHC CVT S	Grey	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220905/7020

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

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Report No. T/20220905/7020

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA5459G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220064457	29/06/2022	28/06/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	GOH HIAN TWEE	ID No.	S7430505I	
Related Vehicle	SNA5459G (Car)	Contact No.	98414168	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	04/09/2022	Date	04/09/2022	
No. of Days granted Medical Leave	03	Degree of	Slight	
Passenger				
Name	TRIXIE GOH YU HUI	ID No.	T1237988E	
Related Vehicle	SNA5459G (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	04/09/2022	Date	04/09/2022	
No. of Days granted Medical Leave	03	Degree of	Slight	
Passenger				
Name	TREVIS GOH HONG YI	ID No.	T1520744I	
Related Vehicle	SNA5459G (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	04/09/2022	Date	04/09/2022	
No. of Days granted Medical Leave	03	Degree of	Slight	



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POLICE FORCE**



T/20220905/7020

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3 of 4

Report No. T/20220905/7020

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**SINGAPORE
POLICE FORCE**

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



T/20220905/7020

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Report No. T/20220905/7020

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 /
TAY CHUN KEEN
Contact No.: 65476436

NP168

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

Date/Time:
05/09/2022 11:37

Classification Of Case: