

## 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 ..... 26/10/2022 18:06 (SGT)  
Reported by ..... Owner  
Date of Accident ..... 25/10/2022 18:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE (CHANGI) AFTER TOA PAYOH LOR 2 EXIT  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJT7156P

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... JOYCE TAN SOK THENG  
NRIC No ..... S9426023Z  
Email Address ..... adamgohex@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-94510752  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Cerato  
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 ..... 0

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5126519878

#### DRIVER

Name of Driver ..... ADAM GOH AIK YONG  
NRIC No ..... S9409436D  
Date Of Birth ..... 11/03/1994  
Occupation ..... Indoor

Date Of Driving Pass .....	10/12/2012
Driving experience .....	9 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90038073
Alt. Phone Number .....	-
Email Address .....	adamgohex@yahoo.com.sg
Address .....	460 CHOA CHU KANG AVE 4 #11-59
Address complement .....	-
Postcode .....	680460
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 .....	Chain Collision
Weather Conditions .....	Raining
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) .....	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 ATTACHED.

#### 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 .....	SLA7528B
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKF5808S
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 .....	ADAM GOH AIK YONG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJT7156P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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' 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")

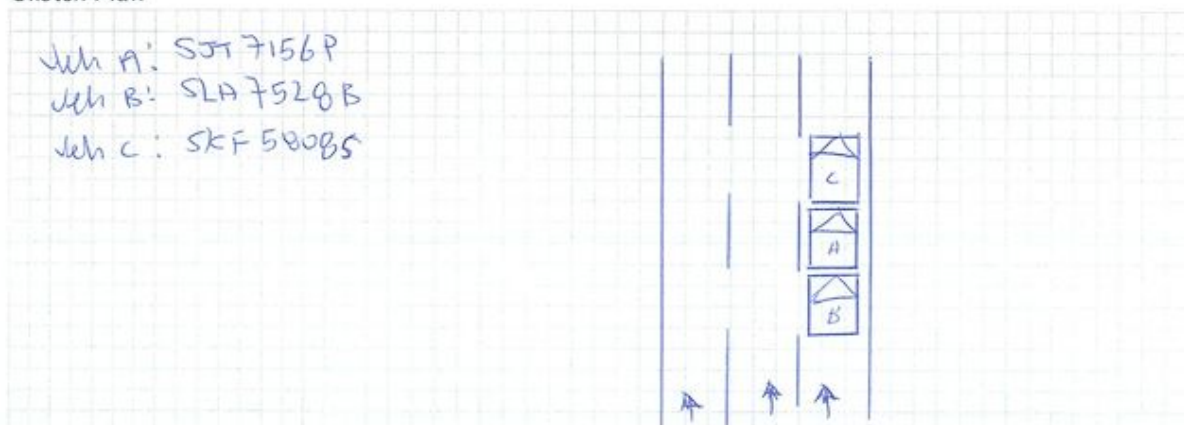
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Jayee  
Policyholder's Signature / Date & Time

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

SKY  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Declaration

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20221026/7032

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

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Report No. T/20221026/7032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/10/2022 13:59		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ADAM GOH AIK YONG			Address: 460 CHOA CHU KANG AVENUE 4 #11-59 SINGAPORE 680460		
ID Type / ID No.: NRIC NO / S9409436D			Contact No.: Home/Office: Mobile: 90038073		
Nationality: SINGAPORE CITIZEN			Email: ADAMGOHEX@YAHOO.COM.SG		
Sex: Male	Age: 28	Date of Birth: 11/03/1994	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:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/10/2022 18:30	Type of Location: Straight Road
Location:  KIM KEAT AVENUE				
Weather: Raining		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	Conditio	No of
SJT7156P	Car					0
SKF5808S	Car					0
SLA7528B	Car					0



**SINGAPORE  
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T/20221026/7032

Police Station Of Origin:  
Traffic Police  
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Tel No: 65470000

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Report No. T/20221026/7032

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ADAM GOH AIK YONG	ID No.	S9409436D
Related Vehicle	SJT7156P (Car)	Contact No.	90038073
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/10/2022	Date	25/10/2022
No. of Days granted Medical Leave	04	Degree of	Slight
Driver			
Name	JOSEPHINE	ID No.	NIL
Related Vehicle	SKF5808S (Car)	Contact No.	92961408
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
Driver			
Name	VINCENT	ID No.	S2002371F
Related Vehicle	SLA7528B (Car)	Contact No.	90238131
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.

On 25/10/2022 at about 1835hrs, I was driving my vehicle (SJT7156P) along PIE towards Changi, at the 1st lane, before the exit towards Lorong 6 Toa Payoh, when the vehicle in front of me (SKF5808S) slowed down and stopped. I stopped behind her and suddenly, another vehicle from the rear (SLA7528B) collided with me from the rear. The impact was hard and resulted in my vehicle moving forward to hit the vehicle in front of me.

All parties exchanged particulars and left subsequently. The road was wet and it was raining. I sought medical attention from TTSH and was given 4 days of MC. I was on the way to work



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T/20221026/7032

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Report No. T/20221026/7032

**CONTINUATION OF REPORT**

and my supervisors were informed. I am currently experiencing back muscle pain. X-ray result churned nothing abnormal.





**SINGAPORE  
POLICE FORCE**



T/20221026/7032

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

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Report No. T/20221026/7032

**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 /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

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

Date/Time:  
26/10/2022 13:59

Classification Of Case:

NP168