

# 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 ..... 02/11/2022 16:51 (SGT)  
Reported by ..... Both  
Date of Accident ..... 01/11/2022 19:32 (SGT)  
Exact Location of Accident ..... Kim Tian Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNC7204B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GOH MUI KOON  
NRIC No ..... SXXXX260G  
Email Address ..... alsongoh@singnet.com.sg  
Mobile Phone No ..... (Phone) +65-98182252  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D21MTPV01017904

### DRIVER

Name of Driver ..... GOH MUI KOON  
NRIC No ..... SXXXX260G  
Date Of Birth ..... 02/07/1964  
Occupation ..... Indoor

Date Of Driving Pass .....	20/09/1982
Driving experience .....	40 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98182252
Alt. Phone Number .....	-
Email Address .....	alsongoh@singnet.com.sg
Address .....	BLK 131 JALAN BUKIT MERAH #10-1591
Address complement .....	-
Postcode .....	160131
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 .....	Collided into Pedestrian
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 MUI KHENG
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tiong Bahru Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007759999
Alt. Police Station Phone No .....	(Fax) +65-67764246
Police Station Address .....	Blk 128 Kim Tian Road #01-123/ 125 Singapore 160128
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221102/2043

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	-
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
Name of Driver .....	SOH SOR HONG
NRIC No .....	SXXXX274A
Contact Number .....	(Phone) +65-83076919
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	PEDESTRIAN
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	SOH SOR HONG
Gender .....	Female
Phone No .....	(Phone) +65-83076919
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

**IMPORTANT NOTICE**

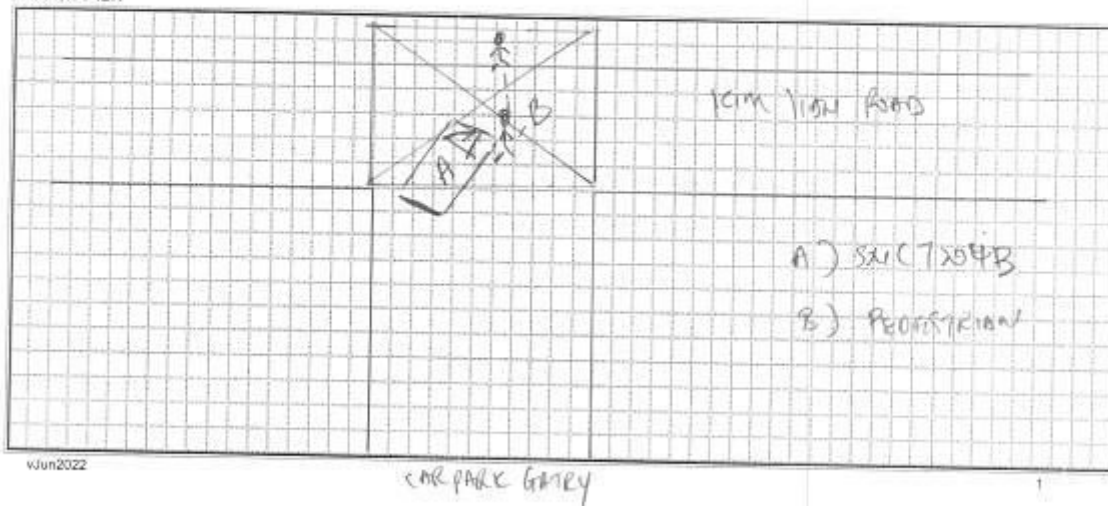
1. Please report correctly the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/2022/1102/2043

Declaration

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

*[Signature]* 2/11 14:51

Policyholder's Signature / Date & Time

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

*[Signature]* 02/11/2022

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









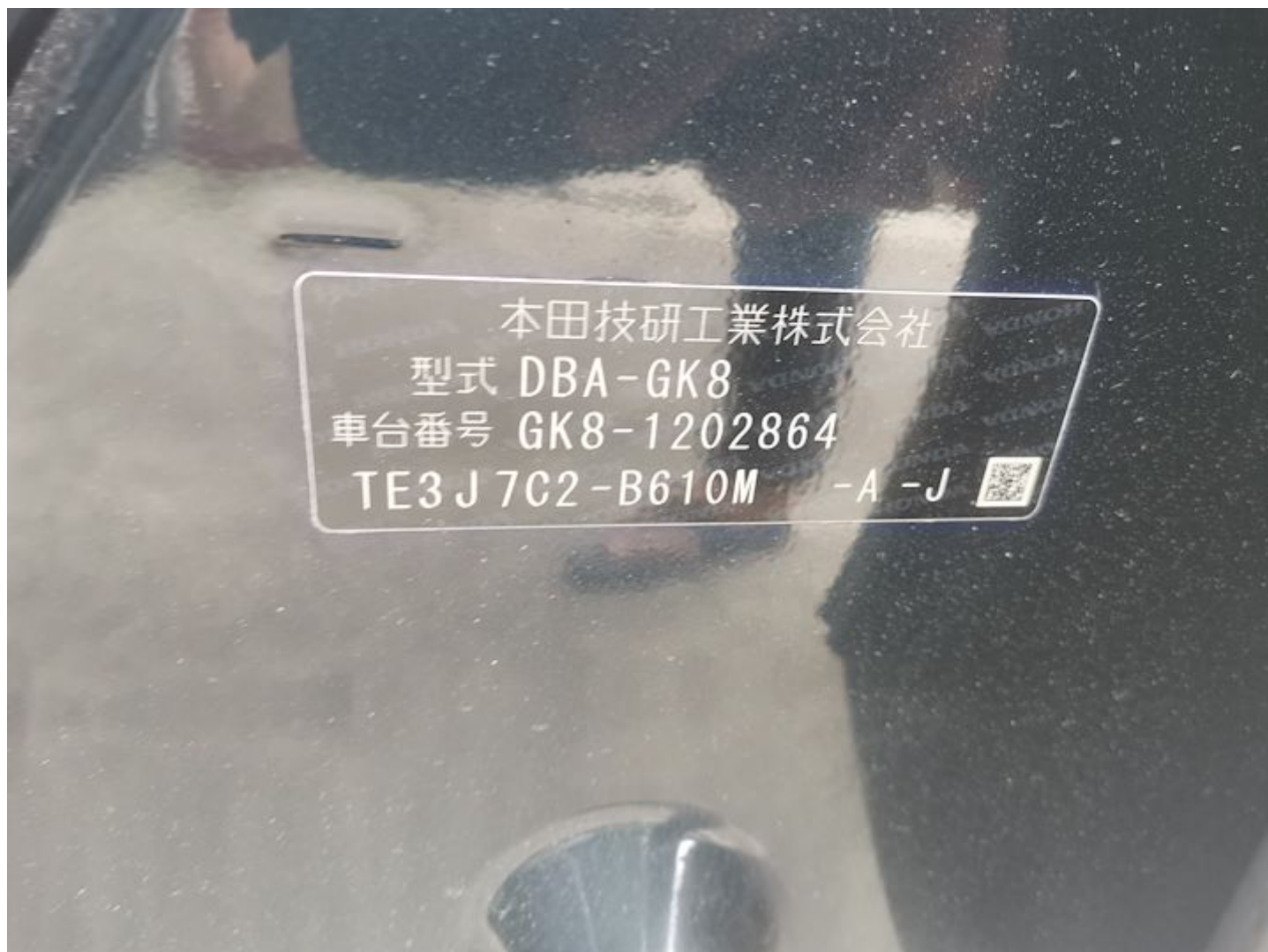













**SINGAPORE  
POLICE FORCE**


T/20221102/2043

1 of 3

Report No. T/20221102/2043

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/11/2022 13:20		Vide Report No.: A/20221101/0100		Station Diary No.: 11	
<b>Informant's Particulars</b>					
Name of Informant: GOH MUI KOON			Address: APT BLK 131 JALAN BUKIT MERAH #10-1591 SINGAPORE 160131		
ID Type / ID No.: NRIC NO / S1677260G			Contact No.: Home/Office: Mobile: 98182252		
Nationality: SINGAPORE CITIZEN			Email: alsongoh@singnet.com.sg		
Sex: Male	Age: 58	Date of Birth: 02/07/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Singtel Field Engineer			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/11/2022 19:30	Type of Location: T-Junction
Location:  KIM TIAN ROAD				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNC7204B	Car	HONDA	SHUTTLE 1.5G CVT	Blue	No Damage	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC7204B	TENET SOMPO INSURANCE PTE. LTD.	D21MTPV0101790 4	31/12/2021	20/01/2023


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999



T/20221102/2043

2 of 3

Report No: T/20221102/2043

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Used	
Driver			
Name	GOH MUI KOON	ID No.	S1677260G
Related Vehicle	SNC7204B (Car)	Contact No.	98182252
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pedestrian			
Name	Soh Sor Hong	ID No.	S0915274A
Related Vehicle	NIL	Contact No.	83076919
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On the above mentioned time and date, I was driving out the T junction to turn right towards the main road of Kim Tian Rd from 131B Kim Tian Rd carpark when I hit a pedestrian. She jaywalks into the middle of the T junction and I did not notice her as I was checking for incoming cars coming from the left. I called for ambulance service and have given my dashcam footage to the TP IO. I was advised to lodge a report by the TP officer that attended to my accident.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999



T/20221102/2043

3 of 3

Report No. T/20221102/2043

**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:  
A /  
SGT 1 MUHAMMAD AFIQ BIN  
RAZALI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT ABDUL RAHIM BIN SALIM  
Contact No.: 65476433

Signature Of Informant:

Date/Time:  
02/11/2022 13:20

Classification Of Case:

NP168