

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 21/11/2022 09:44 (SGT)
Reported by Driver
Date of Accident 18/11/2022 08:35 (SGT)
Exact Location of Accident Bukit Panjang Ring Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA8177Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Goh Yong Kiang
NRIC No SXXXX700D
Email Address 
Mobile Phone No 
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Jaguar
Model Xj
Variant XJ 2.0 SWB PREMIUM LUXURY
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 1999

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2100457196-06

DRIVER

Name of Driver Luvitha Goh Bee Lay
NRIC No SXXXX788Z
Date Of Birth 
Occupation Indoor

Date Of Driving Pass	24/04/1984
Driving experience	38 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	[REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	[REDACTED]
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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?	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	Brother
Gender	Male

PASSENGER 2

Name	Mother
Gender	Female

PASSENGER 3

Name	Sister in Law
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
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? Yes
 Reasons for not uploading a video of the accident SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMB1559J
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 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 -
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SMB1559J
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

 Policyholder's Signature
 Date & Time:



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

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

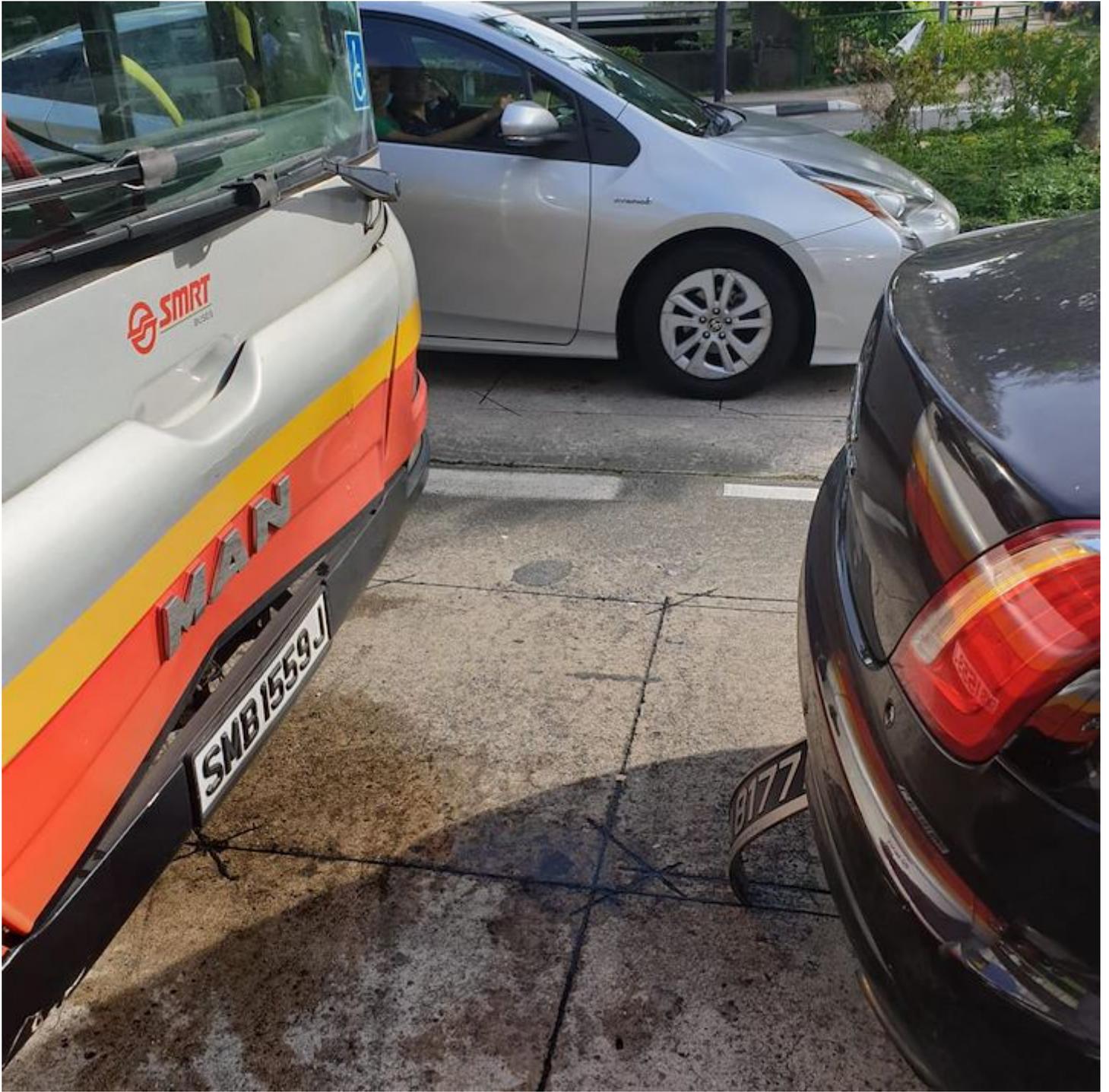






































**SINGAPORE
POLICE FORCE**



T/20221118/2096

1 of 4

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20221118/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2022 20:43	Vide Report No.: J/20221118/0048	Station Diary No.: 61
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Informant's Particulars

Name of Informant: LUVITHA GOH BEE LAY		Address: APT BLK 424 FAJAR ROAD #01-533 SINGAPORE 670424	
ID Type / ID No.: NRIC NO / S1532788Z		Contact No.: Home/Office: Mobile: 81232897	
Nationality: SINGAPORE CITIZEN		Email: luvitha.goh@chemigran.com.sg	
Sex: Female	Age: 60	Date of Birth: 23/10/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Admin Executive		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/11/2022 08:30	Type of Location: Straight Road
Location: BUKIT PANJANG RING ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA8177Z	Car	JAGUAR		Red	Slightly Damaged	3
SMB1559J	Bus/Coach/Mi nibus				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20221118/2096

2 of 4

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Tel No: 1800-8929999

Report No. T/20221118/2096

CONTINUATION OF REPORT

Driver			
Name	LUVITHA GOH BEE LAY	ID No.	S1532788Z
Related Vehicle	NIL	Contact No.	81232897
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
Driver			
Name	KUNG HSIANG LU	ID No.	NIL
Related Vehicle	NIL	Contact No.	82382715
Hospital/Clinic	NIL	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	NIL

Brief Details.

On 18/11/2022 at about 8:30am, I was driving my car bearing SLA8177Z along Bukit Panjang Ring Road towards Jelebu road at the center of the three lanes and was intending to turn right into Bukit Panjang Road.

As I was approaching the stop line at the junction, the traffic light had turned from green to amber as such I decided to stop. After I stop my vehicle, I felt an impact from the rear immediately. I alighted the car to make a check to realized that a bus had collided into my rear. One staff from SMRT informed that he had called the ambulance as one passenger in the bus is injured.

I exchanged particulars with the driver and took photos of the damage while waiting for the ambulance. The driver's particulars is Kung Hsiang Lu (HP: 82382715) driving SMRT bus number SMB1559J.

Not long later, traffic police and ambulance came, my in-car dash camera SD card have already handed over to the traffic police.

I had 3 other family members in the car at that point of time when the incident happened, and no one is injured. As a result of the collision, there is some scratches and dents at the rear of my car and the car plate fell off.



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1 Segar Road #01-05 SINGAPORE 677738
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T/20221118/2096

3 of 4

Report No. T/20221118/2096

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20221118/2096

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Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

4 of 4

Report No. T/20221118/2096

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: J / SGT 2 ZOEN LEE WEN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/11/2022 20:43
Officer In Charge Of Case: TP / GIT / SI MOHAMMED FEROUZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:

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: SW0D22BI0001 Vehicle Registration No: SLA8177Z
 Name (as shown in NRIC): Goh Yong Kiang NRIC/FIN/Passport No: SXXXX700D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 503 Jelapang Road #03-366 Singapore (670503)
 Contact (Tel): _____ Mobile No.: 97805981
 Email Address: _____
 Date of Accident: 18/11/2022 Time of Accident: 0835
 Place of Accident: Bukit Panjang Ring Rd
 Insurance Company: ALIG Asia Pacific Insurance Pte. Ltd.

(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:

Amend Details in accident report

 Policyholder / Driver's Signature
 Date:



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

Hi Paul

Errors spotted in the Accident Report:

- 1) Date of Accident – It is on 18 Nov 2022 and not 16 Nov 2022.
- 2) Owner's email – It is: kiang.goh@chemigran.com.sg
- 3) Insurance Policy No. – It is 2100457196-06
- 4) Driver's Occupation – Admin. Executive
- 5) Driver's address- It is : Blk 424 Fajar Road #01-533
- 6) Driver's address Postcode – 670424
- 7) Was any injured conveyed to hospital by ambulance? – It should be Yes, correct? As I saw one bus passenger taken away by the ambulance.
- 8) Was there any video captured by Car Camera? – It should be Yes, correct? As Car Camera SD Card is taken away by the Police, I think there should be video captured by the Car Camera.

Thanks & regards
Luvitha