

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	30/11/2022 13:38 (SGT)
Reported by	Both
Date of Accident	29/11/2022 06:40 (SGT)
Exact Location of Accident	Tanah Merah Besar Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH5353C
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH YAN XIU
NRIC No	SXXXX013Z
Email Address	GOHYANXIU@GMAIL.COM
Mobile Phone No	(Phone) +65-86133170
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TANK
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1086

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120049332002

DRIVER

Name of Driver	GOH YAN XIU
NRIC No	SXXXX013Z
Date Of Birth	07/11/1987
Occupation	Indoor

Date Of Driving Pass	28/11/2011
Driving experience	11 YEARS
Gender	Male
Mobile Number	(Phone) +65-86133170
Alt. Phone Number	-
Email Address	GOHYANXIU@GMAIL.COM
Address	BLK 313A SUMANG LINK #06-111
Address complement	-
Postcode	821313
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 on collision
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?	Yes
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 POLICE REPORT: T/20221129/7006.

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 TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FY2014U
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FY2014U
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.
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 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:

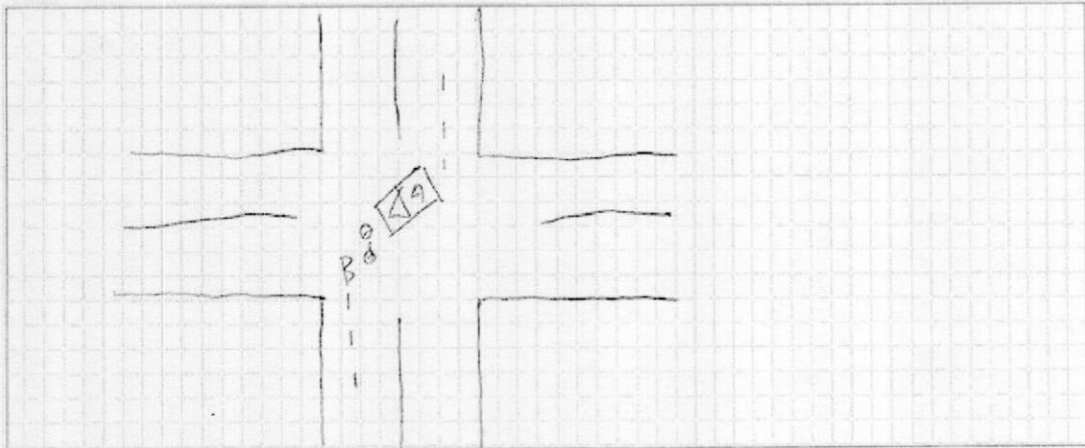
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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



1

SME

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 NRICAD card)

2



SINGAPORE
POLICE FORCE



T/20221129/7006

1 of 4

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

Report No: T/20221129/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2022 10:05 Vide Report No.: Station Diary No.:

Informant's Particulars

Name of Informant: GOH YAN XIU			Address: 313A SUMANG LINK #06-111 SINGAPORE 821313		
ID Type / ID No.: NRIC NO / S8736013Z			Contact No.: Home/Office: Mobile: 86133170		
Nationality: SINGAPORE CITIZEN			Email: GOHYANXIU@GMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 07/11/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/11/2022 06:40	Type of Location: X-Junction
Location: TANAH MERAH BESAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FY2014U	Motorcycle					0
SMH5353C	Car	TOYOTA	TANK 1.0G CVT	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------





**SINGAPORE
POLICE FORCE**



T/20221129/7006

2 of 4

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

Report No. T/20221129/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH5353C	UNITED OVERSEAS INSURANCE LIMITED	DHOM120049332002	25/01/2022	24/01/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH YAN XIU	ID No.	S8736013Z
Related Vehicle	SMH5353C (Car)	Contact No.	86133170
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was driving along Upper Changi Road North, turning right towards Old Tampines Road at around 6.40am or slightly later. As I approached the junction, the traffic light started to turn red with green blinking arrow. As I slowed down to make the right turn, a bike, approaching from the direction opposite me was coming at a fast speed. However, I did not realise that he rode on without slowing down as I only make the right turn when the green arrow appeared.

From my viewpoint, the bike was travelling at a relatively fast speed and when I saw it coming towards my direction, I braked hard immediately but could not avoid the collision. I felt an impact on the right front bumper of my car and when I turned and looked, I saw that the rider had hit the kerb behind the collision and fell off the bike. When the bike hit the kerb, there were no pedestrian at the spot.

After the collision, I moved my vehicle to a safe spot to prevent any traffic hold-up and alighted immediately to check on the rider. There were several passers-by who came to assist and helped to call 995 for the ambulance. I saw that the rider was conscious but suffered injuries and cuts. The rider was able to respond to us and the ambulance arrived about 15 minutes later, followed by the TP. Seeing that the rider was still ok, we exchanged numbers as well. I also took photos of the damages to my car, his bike and the accident site.

While waiting for the ambulance to arrive and seeing that the rider was ok, I tried to check if my dashcam had captured any video footage, but it does not seem to have when I connected it. Nonetheless, I handed the memory card over to the TP and told them that I am unsure if the dashcam had captured it.

Once the paramedics arrived, they attended to the rider and also asked me about the



SINGAPORE
POLICE FORCE



T/20221129/7006

3 of 4

Report No. T/20221129/7008

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

CONTINUATION OF REPORT

accident, which I explained to them. They brought him up to the ambulance and I heard the paramedic telling the rider that they will convey him to Changi General Hospital.

Similarly, I told the TP officers what had happened after they arrived on 2 bikes. After TP captured my personal information and handed over the case card to me, they said that I could leave, and that the IO will contact me. I also asked them what I should do next, and they said to make a road traffic report as well.

The accident took place near a pedestrian crossing with no pedestrians crossing during the accident and where the bike hit the kerb.

After the rider was brought to the hospital in the ambulance and the TP left, I also proceeded to leave the accident scene.



SINGAPORE
POLICE FORCE



T/20221129/7006

4 of 4

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

Report No. T/20221129/7006

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 /
LEE GUANG HUI
Contact No.: 65476423

NP166

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

Date/Time:
29/11/2022 10:05

Classification Of Case: