

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 Authorised 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 11/04/2022 17:46 (SGT)
Date of Accident 09/04/2022 18:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TOWARDS CHANGI AIRPORT BEFORE UPPER
SERANGOON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT2880D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH BOON KIAT, LENNARD
NRIC No SXXXXX710D
Email Address TOBYTNGIS@GMAIL.COM
Mobile Phone No (Phone) +65-88092146
Alternative Phone No +65-88092146

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 1591

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5126456769
Cover Note Number -

DRIVER

Name of Driver GOH BOON KIAT, LENNARD

NRIC No	SXXXX710D
Date Of Birth	26/09/1992
Occupation	Indoor
Date Of Driving Pass	04/02/2015
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88092146
Alt. Phone Number	+65-88092146
Email Address	TOBYTNGIS@GMAIL.COM
Address	BLK 755 CHOA CHU KANG NORTH 5 #11-101
Address complement	-
Postcode	680755
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 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	EVE CHEONG SHUNG NENG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8503X
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 BOON KIAT, LENNARD
Gender	Male
Phone No	(Phone) +65-88092146
Address	BLK 755 CHOA CHU KANG NORTH 5 #11-101
Address Complement	-
Post Code	680755
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMT2880D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	EVE CHEONG SHUNG NENG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMT2880D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN


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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.
- (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

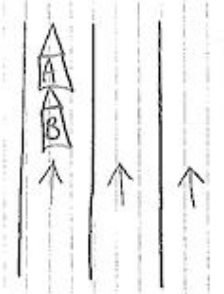

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan

VEHA SMT2880D
VEHB SH8503X

PIE Towards
CHIAH-ARREST
BEFORE UPPER SEABANK RD



Describe Circumstances of the Accident

REFER TO POLICE REPORT

Declaration

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



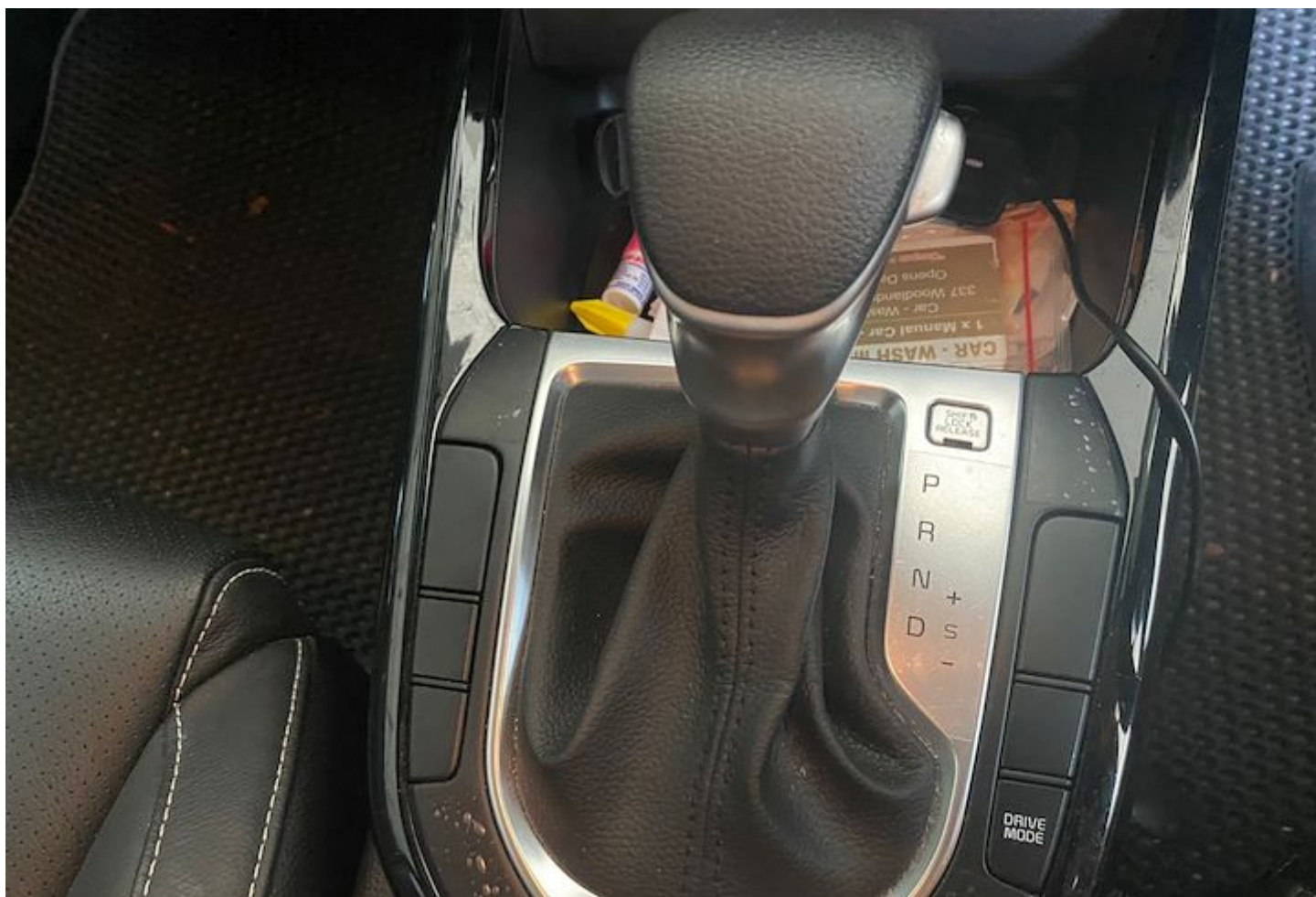
















**SINGAPORE
POLICE FORCE**



E/20220411/7029

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POLICE REPORT (NP299)

Report No. E/20220411/7029

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 11/04/2022 16:17	Vide Report No.	Station Diary No.
Name Of Informant GOH BOON KIAT, LENNARD	Address 755 CHOA CHU KANG NORTH 5 #11-101 SINGAPORE 680755	
ID Type / ID No. NRIC NO / S9235710D	Contact No. Home/Office:	Mobile: 84995018
Nationality SINGAPORE CITIZEN	Email Address LENNARD.GOH92@GMAIL.COM	
Occupation Insurance Agent	Sex Male	Age 29
Institution/School Name	Date of Birth 26/09/1992	Race Chinese
Date/Time Of Incident 09/04/2022 18:00	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On the stated date and time, I was driving my vehicle SMT2880D along PIE(Changi) when I had gradually come to a stop due traffic conditions after Upper Serangoon Exit.

Moments later, one big impact hit the rear of my vehicle causing my vehicle to jerk forward.

Fortunately, I was stepping on my brakes and did not collide with the vehicle in front of me.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/04/2022 16:17
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20220411/7029

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220411/7029

My girlfriend, Eve Cheong Shung Neng, was my front passenger and the both of us were belted.

Both of our bodies lurched forward due to the unexpected impact.

We both alighted to realise that SH8503X had collided into the rear of my vehicle.

My girlfriend complained of pain over her neck, upper and lower back areas.

While I felt pain over my neck, right wrist, left ribcage and lower back areas.

We proceeded to my girlfriend's family doctor at Lian Clinic on 10/04/2022 and were given 3 days MC each.

After the consultation, my girlfriend also experienced pain over her ribcage areas.

We will be following up with our doctor for further treatment.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/04/2022 16:17
Officer In-Charge Of Case:	Classification Of Case: