

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	19/12/2022 17:09 (SGT)
Reported by	Both
Date of Accident	18/12/2022 13:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE ALONG PIE, CTE 14KM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC448K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Alastair Goh Jian Zhang
NRIC No	S9135731C
Email Address	alastair.g@gmail.com
Mobile Phone No	(Phone) +65-93378418
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mini
Model	Cooper
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	1598

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA623767

DRIVER

Name of Driver	Alastair Goh Jian Zhang
NRIC No	S9135731C
Date Of Birth	03/10/1991
Occupation	Indoor

Date Of Driving Pass	26/07/2018
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93378418
Alt. Phone Number	-
Email Address	alasteir.g@gmail.com
Address	Blk 610 Choa Chu Kang Street 62
Address complement	#12-161
Postcode	680610
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	Raining
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	Tan Meiqi
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

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	SMK8107L
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Stephanie Lee Lay Hian
NRIC No	S7811750H
Contact Number	(Phone) +65-91128875
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	Alasteir Goh Jian Zhang
Gender	Male
Phone No	(Phone) +65-93378418
Address	Blk 610 Choa Chu Kang Street 62
Address Complement	#12-161
Post Code	680610
Approximate Age Years Old	31
Injuries Sustained	Neck Injury
Injured person in which vehicle?	SNC448K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	Tan Meiqi
Gender	Female
Phone No	-
Address	Blk 103 Commonwealth Crescent
Address Complement	#04-156
Post Code	140103
Approximate Age Years Old	31
Injuries Sustained	Lower Back Injury
Injured person in which vehicle?	SNC448K
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.
- (collectively the "Purposes")

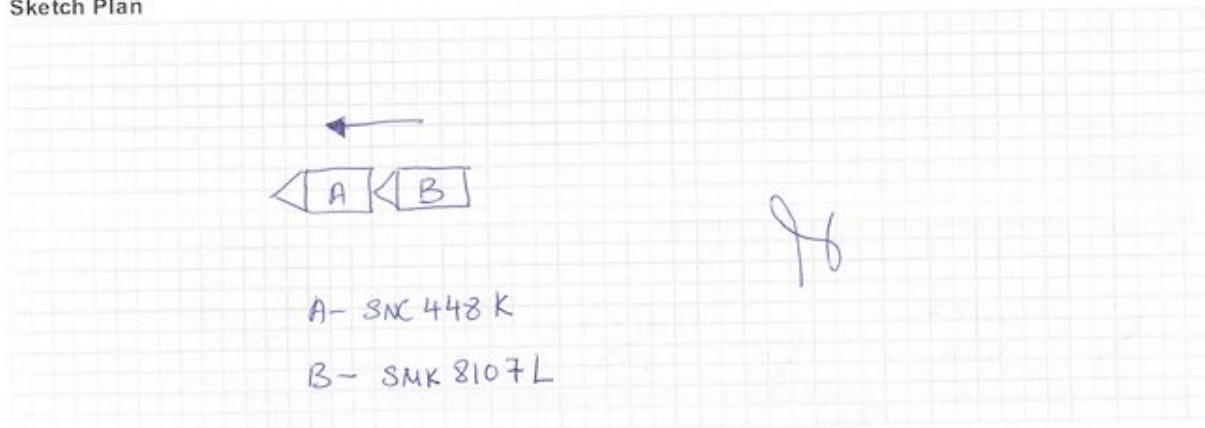
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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

 19/12/22
1507
Policyholder's Signature / Date & Time

 19/12/22
1507
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre
Personnel WENDY

Sketch Plan



Describe Circumstances of the Accident

Please refer to police report ref: F/2022/219/7024

[Handwritten signature]

Declaration

We declare the foregoing particulars are true in every respect.

[Handwritten signature] 19/12/22
1508
Policyholder's Signature / Date & Time

[Handwritten signature] 19/12/22
1508
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

























**SINGAPORE
POLICE FORCE**



F/20221219/7024

1 of 2

POLICE REPORT (NP299)

Report No. F/20221219/7024

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 19/12/2022 10:19	Vide Report No.	Station Diary No.
Name Of Informant ALASTEIR GOH JIAN ZHANG	Address 610 CHOA CHU KANG STREET 62 #12-161 SINGAPORE 680610	
ID Type / ID No. NRIC NO / S9135731C	Contact No. Home/Office:	Mobile: 93378418
Nationality SINGAPORE CITIZEN	Email Address alasteirg@icloud.com	
Occupation Business Owner	Sex Male	Age 31
Institution/School Name	Date of Birth 03/10/1991	Race Chinese
Date/Time Of Incident 18/12/2022 13:20 - 18/12/2022 13:30	Location Of Incident CTE 14KM	

Brief details.

I was driving along CTE. On the first lane there's road work, I was driving on the second lane. And the car in front of me brake so I braked and the car behind me collide into me. The car plate was SMK 8107L while mine was SNC448K. Me and my wife will be seeking medical attention tomorrow as she is feeling back pain while I have an old collision injury of neck pain.

Subjects Involved
Victim

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: 19/12/2022 10:19
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20221219/7024

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20221219/7024

Person Name	Tan Meiqi		
ID Type	NRIC NO	ID No	S9102638D
Gender	Female	Age	31
Race	Chinese	Language	English
Occupation	Insurance services manager	Address	103 Commonwealth Crescent #04-156 Commonwealth Crescent SINGAPORE 140103
Mobile No	90882432	Relation To Informant	Spouse
Person Name	ALASTEIR GOH JIAN ZHANG		
ID Type	NRIC NO	ID No	S9135731C
Gender	Male	Age	31
Race	Chinese	Language	English
Occupation	Business Owner	Address	610 CHOA CHU KANG STREET 62 #12-161 SINGAPORE 680610
Mobile No	93378418	Is Informant A Victim?	Yes
Person Name	ALASTEIR GOH JIAN ZHANG (Informant)		

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: 19/12/2022 10:19
Officer In-Charge Of Case:	Classification Of Case: