

# 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 .....	03/01/2023 18:49 (SGT)
Reported by .....	Both
Date of Accident .....	03/01/2023 12:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TEMASEK AVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLX8822Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GOH TIONG SWEE
NRIC No .....	S1544235B
Email Address .....	alfred.ts.goh@gmail.com
Mobile Phone No .....	(Phone) +65-97689280
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	SIENTA 1.5 CVT STD
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5100867584-04

### DRIVER

Name of Driver .....	GOH TIONG SWEE
NRIC No .....	S1544235B
Date Of Birth .....	29/03/1962
Occupation .....	Outdoor

Date Of Driving Pass .....	27/07/1992
Driving experience .....	30 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97689280
Alt. Phone Number .....	-
Email Address .....	alfred.ts.goh@gmail.com
Address .....	BLK 367 YISHUN RING RD #07-1532
Address complement .....	-
Postcode .....	760367
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 - Change/cross lane
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	PASSENGER
Gender .....	Male

PASSENGER 2

Name .....	PASSENGER
Gender .....	Male

PASSENGER 3

Name .....	PASSENGER
Gender .....	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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
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Was there any video captured by Car Camera? ..... No

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA2040X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	TAN HOON KIAT
NRIC No .....	S0048377Z
Contact Number .....	(Phone) +65-91471480
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

VEH NO: SLX 8822 Z

INSURER: Income

DATE OF ACC: 3/1/23 @ 12:45pm

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

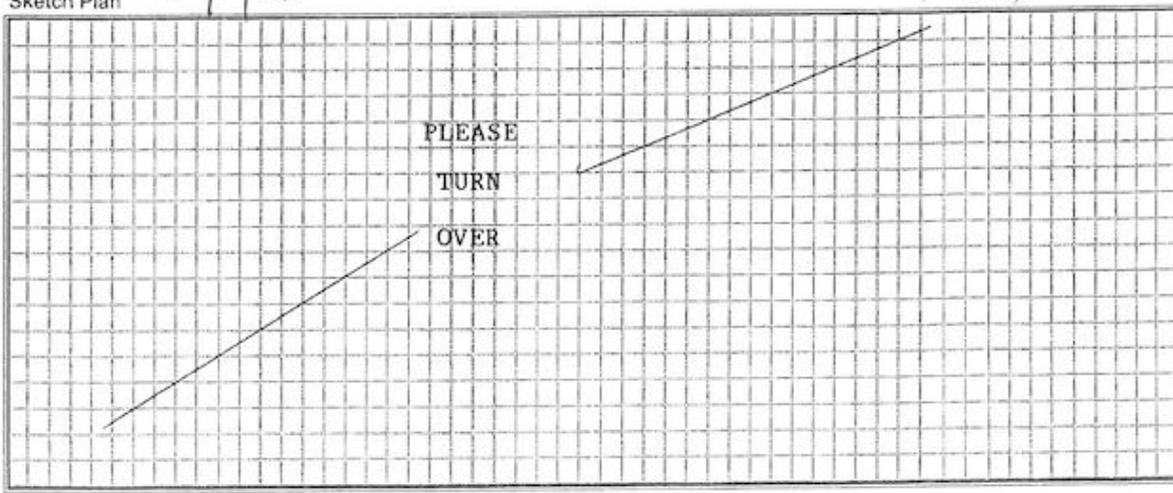
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

*[Signature]*  
Policyholder's Signature / Date & Time

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

*[Signature]* 3/1/23  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan 03/01/23



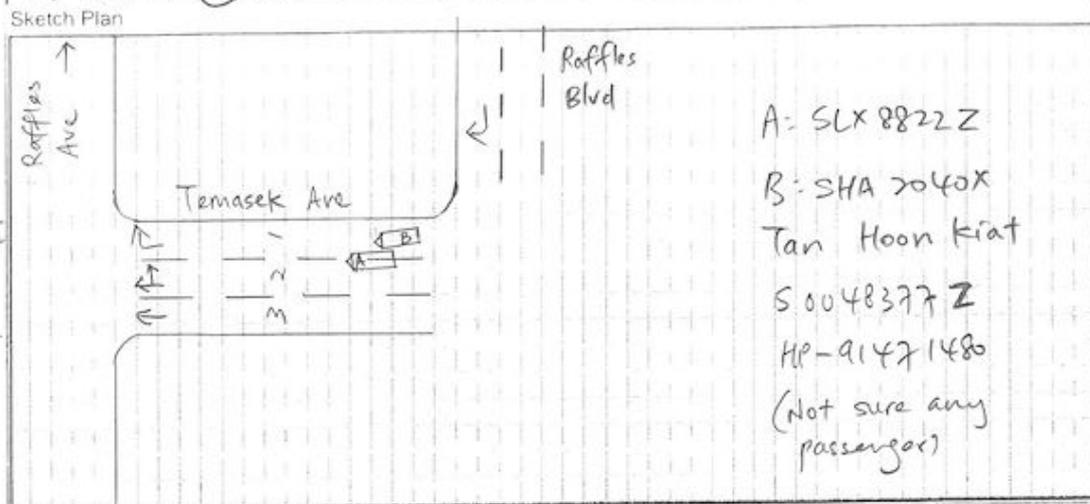
OHL

Describe Circumstance of the Accident

\*\* NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy      ( ) Claim Third party      ( ) Reporting Only

(  ) Claim OD (TP) at other workshop ( \_\_\_\_\_ )



On Jan 3rd 2023, at about 12:45pm I was driving passengers to Garden by the Bay. I was driving along Raffles Blvd and turning into Temasek Ave towards Bayfront Ave.

After making my right turn into Temasek Ave, and subsequently switching from lane 1 to lane 2 in order to proceed to Bayfront Ave. ~~At~~ Before my switch, taxi SHA 2040X hit my vehicle's passenger right side resulted in dent to the right near door and scratches to panel above the right near tyre. The damage to the taxi was the left front after the left front head light.

There is no ~~body~~ injury to both drivers and passengers.

OHL

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

<p style="font-size: 2em; font-family: cursive;">OHL</p> <p>_____ Policyholder's Signature / Date &amp; Time</p> <p>03 / 01 / 23    15:50hrs</p>	<p>_____ Driver's Signature (if driver is not the policyholder) / Date &amp; Time</p>	<p style="font-size: 2em; font-family: cursive;">/h</p> <p>_____ Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)</p> <p>(45)      3/1/23</p>
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