

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	30/01/2023 18:22 (SGT)
Reported by	Driver
Date of Accident	27/01/2023 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG AVENUE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7073Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH KIM ENG
NRIC No	SXXXX850F
Email Address	alicekoh12344@gmail.com
Mobile Phone No	(Phone) +65-92761159
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Perodua
Model	Bezza
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	1329

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00033592200

DRIVER

Name of Driver	MIKE GOH JIA JUN
NRIC No	SXXXX308I
Date Of Birth	18/02/1999
Occupation	Indoor

Date Of Driving Pass	03/12/2018
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87766673
Alt. Phone Number	-
Email Address	zackmike02@gmail.com
Address	BLK 325 BUKIT BATOK STREET 33
Address complement	# 07-21
Postcode	650325
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	GRANDMA
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	Side Swipe
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)	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	RAN ZHUO LING,DUSCHA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230128/2024

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	WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE614K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91450363
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	MIKE GOH JIA JUN
Gender	Male
Phone No	(Phone) +65-87766673
Address	BLK 325 BUKIT BATOK STREET 33
Address Complement	# 07-21
Post Code	650325
Approximate Age Years Old	-
Injuries Sustained	PAIN AND ACHING ON BACK AND GIVEN 3 DAYS MC
Injured person in which vehicle?	SMH7073Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


INJURED 2


Name of injured person	RAN ZHUO LING,DUSCHA
Gender	Female
Phone No	(Phone) +65-88825562
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY-GIVEN 2 DAYS OF MC
Injured person in which vehicle?	SMH7073Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

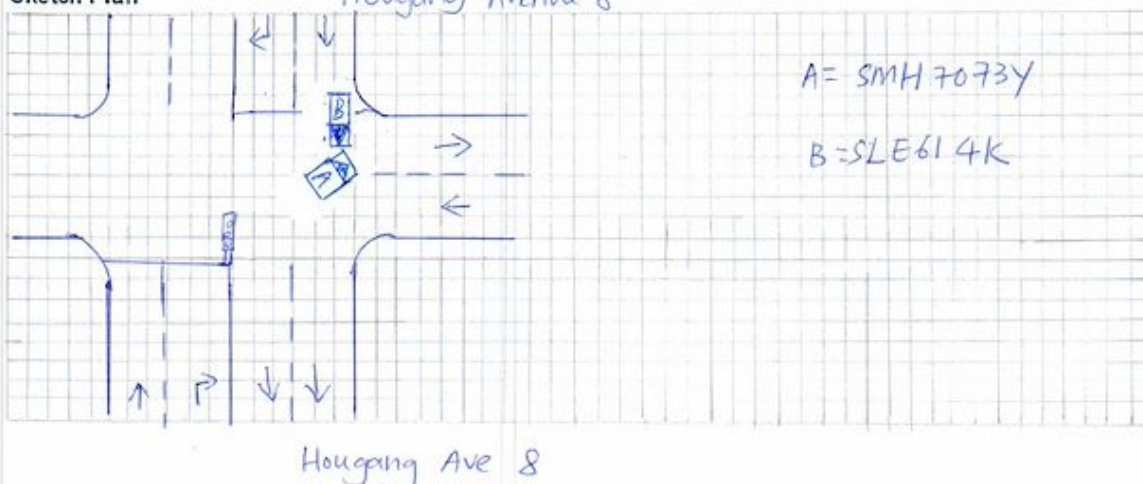
SKETCH PLAN**IMPORTANT NOTICE**

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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

 30/1/23
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident


Refer to Police Report No = T/2023 0128 /2024.

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**

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20230128/2024

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Report No. T/20230128/2024

CONTINUATION OF REPORT

Driver			
Name	MIKE GOH JIA JUN	ID No.	S99053081
Related Vehicle	SMH7073Y (Car)	Contact No.	87766673
Hospital/Clinic	CHUA & PARTNERS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	28/01/2023	Date Discharge	28/01/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	RAN ZHUO LING, DUSCHA	ID No.	T0218180G
Related Vehicle	SMH7073Y (Car)	Contact No.	88825562
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/01/2023	Date Discharge	27/01/2023
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 27/01/2023 at about 1610hrs, I was driving along Hougang Ave 8 towards the direction of Hougang Ave 7. I was travelling along lane 1/3 when reaching the X-Junction of Hougang Ave 8 and Upper Serangoon Road. My intention is to make a right turn into Upper Serangoon Road. The traffic light is green colour in my favour and before I move off, I make a check to make sure there is no vehicle in the opposite directions before I move off. There were vehicles at the opposite lane however my assessment was that there is still a distance and there is sufficient time for me to proceed with the right turn into Upper Serangoon Road. Once I started moving off, I saw a vehicle bearing SLE614K, was travelling at a high speed from the opposite lane and his front portion of the vehicle had collided onto my front left portion of my vehicle. The Impact was so huge that my vehicle's Air-Bag was being deployed.

I make a check to make sure my girlfriend which is seated at the front passenger seat is not seriously injured. I then came out from my vehicle and notice the a Female Middle age Chinese lady came out from the driver side as well. Another female passenger from the other vehicle then approached me and gave me her name (Krystal, contact:98218839) and they accused us of jumping the traffic. The driver only gave me her contact number 91450363 but I do not know her name. We then take pictures of the accident and shortly after, Ambulance and Traffic Police came and took down our details. My girlfriend was being conveyed by the Ambulance to Sengkang General Hospital and was given 2 days MC.

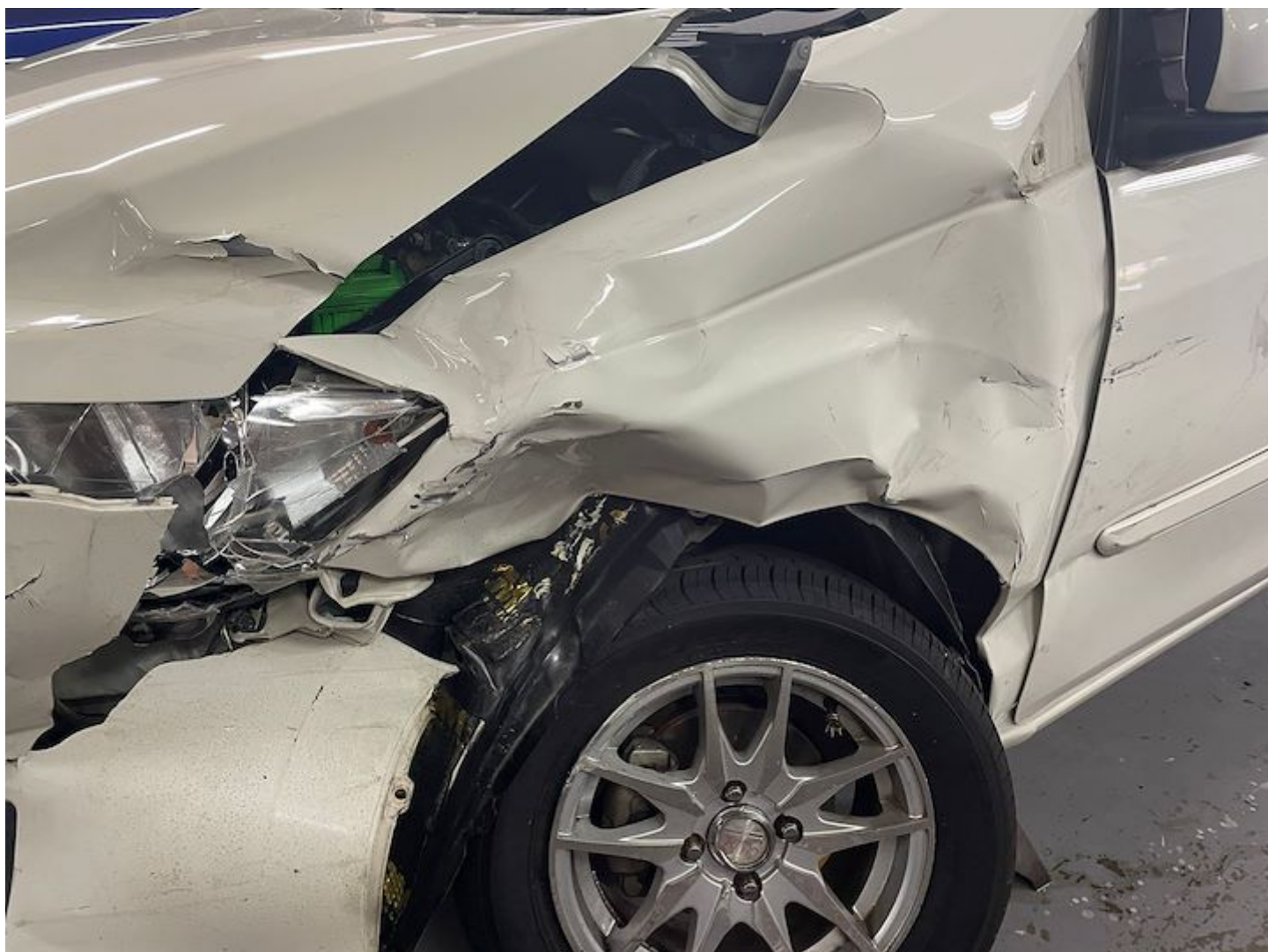
My vehicle was rendered undrivable and needs to be towed away. I wish to state that the Traffic Police Officer had taken my In-Car Camera's Memory Card for investigation purpose.

On 28/01/2023, I felt pain and aching on my back and went to see a doctor as well and was given 3 days MC. That is all.

* Green Colour turn Right Arrow in my favour!







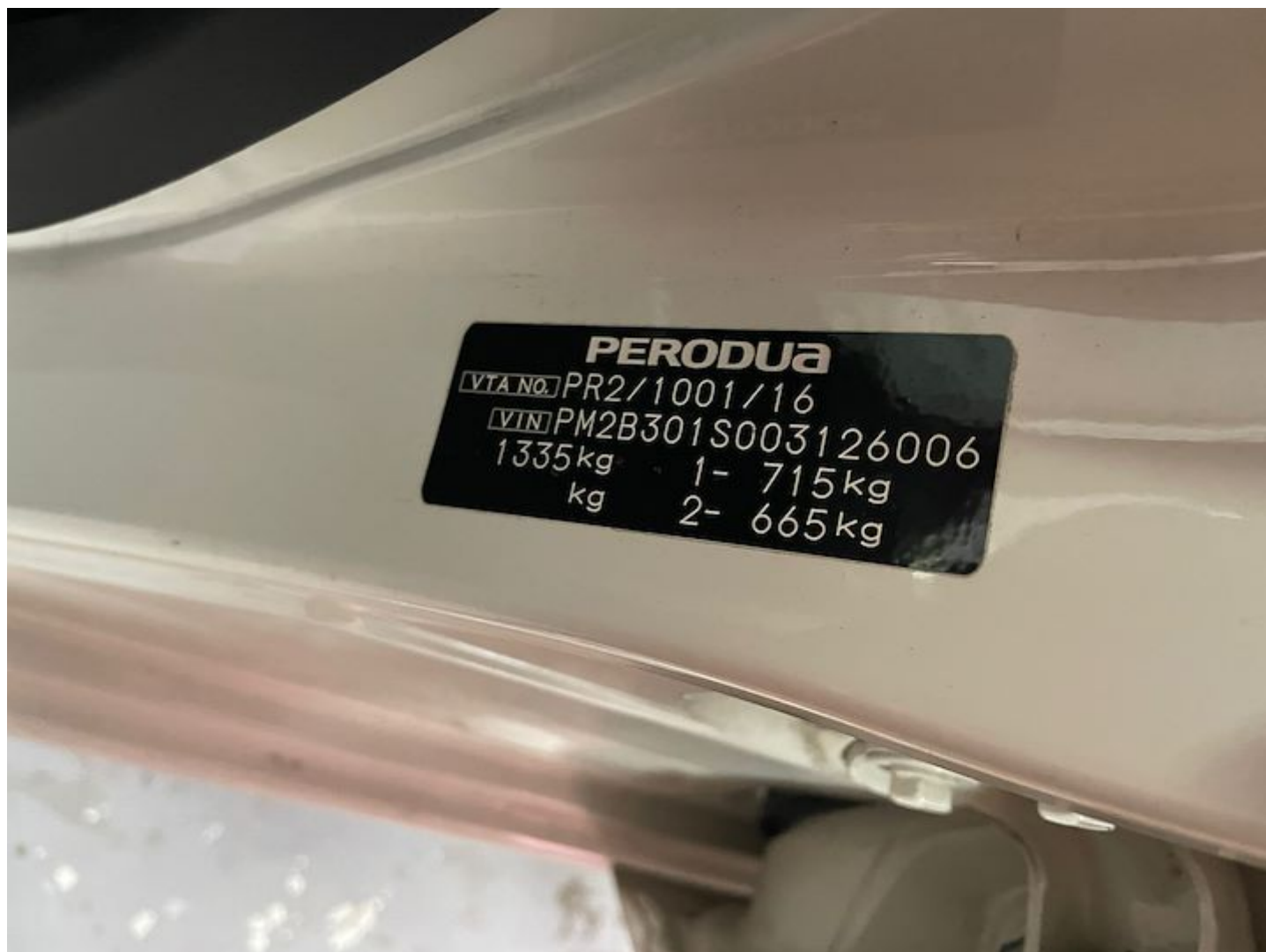













**SINGAPORE
POLICE FORCE**


T/20230128/2024

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20230128/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2023 12:04	Vide Report No.: F/20230127/0091	Station Diary No.: 15
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Informant's Particulars

Name of Informant: MIKE GOH JIA JUN			Address: APT BLK 325 BUKIT BATOK STREET 33 #07-21 SINGAPORE 650325		
ID Type / ID No.: NRIC NO / S9905308I			Contact No.: Home/Office: Mobile: 87766673		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 18/02/1999	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name: Mages Institute	
Occupation: Student			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/01/2023 16:10	Type of Location: X-Junction
Location: HOUGANG AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE614K	Car				Seriously Damaged	0
SMH7073Y	Car				Seriously Damaged	1

Details of Person Involved

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



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T/20230128/2024

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No. of Days granted Medical Leave	03	Degree of Injury	Slight
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T/20230128/2024

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Report No. T/20230128/2024

CONTINUATION OF REPORT

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159682
Tel No: 1800-3779999



T/20230128/2024

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Report No. T/20230128/2024

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:
D /
SGT 2 TAN HWA TIONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236

Signature Of Informant:

Date/Time:
28/01/2023 12:04

Classification Of Case:

NP168