

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 30/03/2022 17:37 (SGT)
Date of Accident 29/03/2022 16:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information NAMLY AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG3212U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH AH HUA
NRIC No S7267583E
Email Address ALEXGOH6398@GMAIL.COM
Mobile Phone No (Phone) +65-91391908
Alternative Phone No +65-91391908

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119594781
Cover Note Number -

DRIVER

Name of Driver GOH AH HUA
NRIC No S7267583E

| | |
|--|-----------------------------|
| Date Of Birth | 04/11/1972 |
| Occupation | Outdoor |
| Date Of Driving Pass | 29/12/2011 |
| Driving experience | 10 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91391908 |
| Alt. Phone Number | +65-91391908 |
| Email Address | ALEXGOH6398@GMAIL.COM |
| Address | BLK 890A WOODLANDS DRIVE 50 |
| Address complement | #08-287 |
| Postcode | 731890 |
| 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 - Major/Minor Rd |
| 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 | MS. YAN |
| Gender | Female |

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 SKETCH PLAN

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 INSURED |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | PC7914L |
|-----------------------------------|---------|

| | |
|---|----------------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | TNG HUI TING |
| - | S8904502I |
| Contact Number | (Phone) +65-90170524 |
| 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 | - |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMG3212U |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to proceed the claims process.
2. This form must be completed by the Policyholder and the Insured Party(s).
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to ~~reject the claim~~ reject the claim.
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 statement may be referred to the Police for investigation.~~
6. The report will be forwarded by the insurers of the GIA (General Insurance Association of Singapore) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging 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 thereafter.
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 cited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, settling or managing fraud, regulators, law enforcement and government agencies or state entity regulated for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

30/3/22

Driver's Signature
(If driver is not the policyholder)
Date & Time:

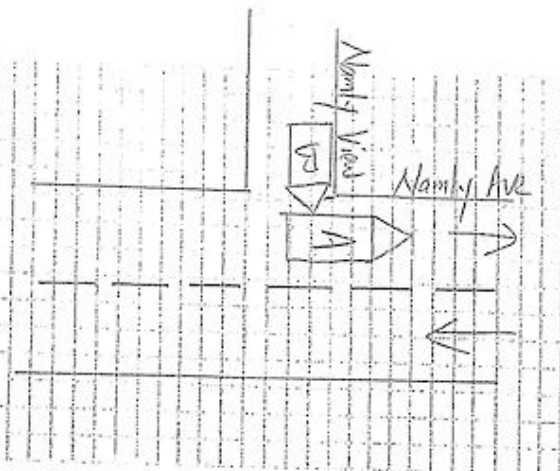
Insuring Company's Signature
Date:
Officer/Field No.:

SM0M223U0001

SKETCH PLAN

A-SMG3212U

B-PC7914L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29th March 2022 around 1600 hrs, I was driving SMG3212U along Namly Ave, suddenly a van PC7914L drive out from Namly View and hit on my rear LHS. My passenger and I go for doctor consultation after the accident.

Police report No. T/20220330/7014

Important

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

DECLARATION

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

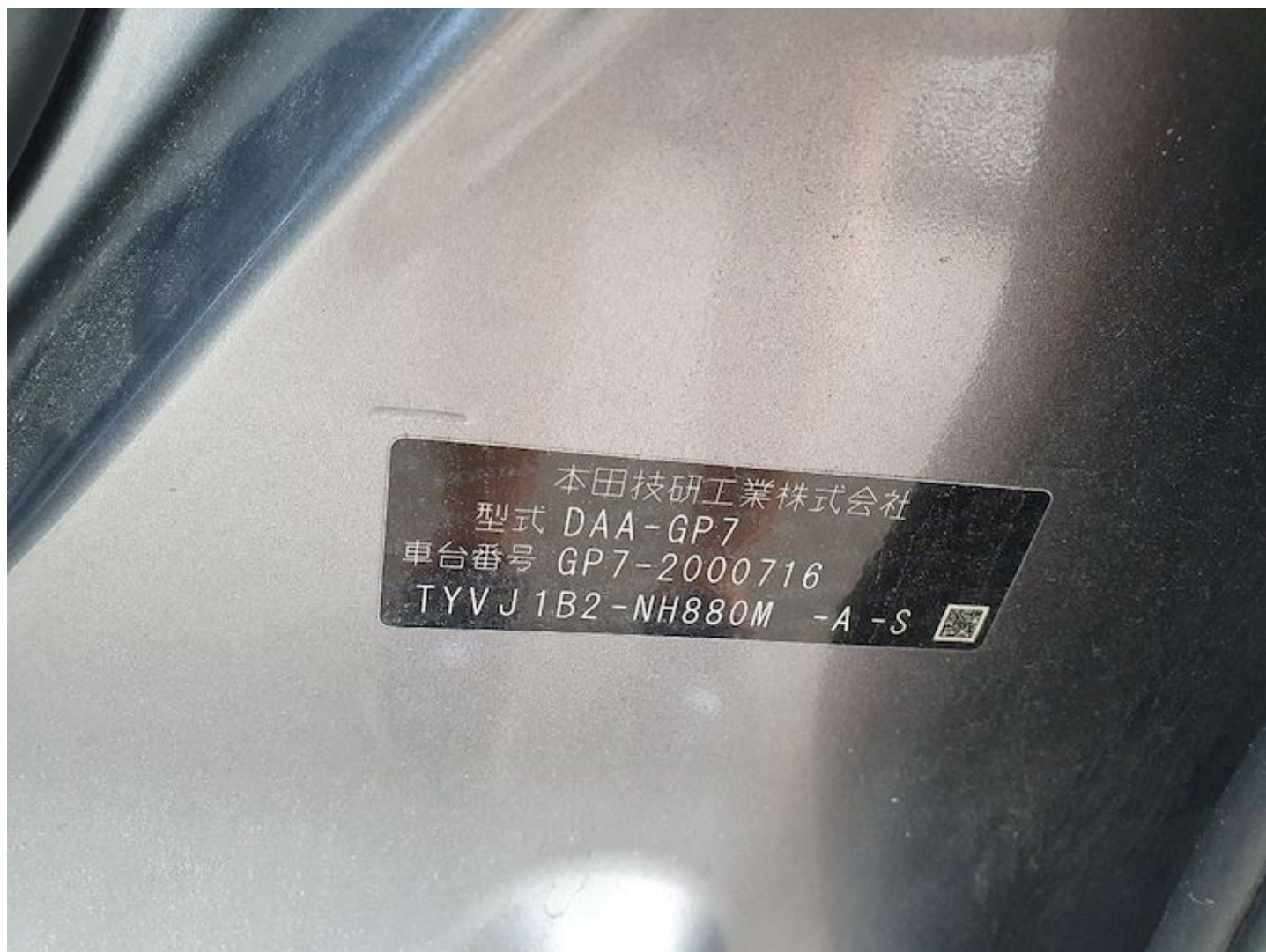
- ☐ Reporting Only
- ☐ Claim OD
- ☐ Claim TP
- ☒ Claim OD/TP at other workshop

V - Tech Auto Service

Policyholder's signature
Date & Time 30/3/22

Driver's Signature
(If driver not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name:
(NIC/FIN No.)















**SINGAPORE
POLICE FORCE**



T/20220330/7014

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

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Report No. T/20220330/7014

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 30/03/2022 14:18 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: GOH AH HUA | | | Address: 890A WOODLANDS DRIVE 50 #08-287 SINGAPORE 731890 | | |
| ID Type / ID No.: NRIC NO / S7267583E | | | Contact No.: Home/Office: Mobile: 91391908 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: ALEXGOH6398@GMAIL.COM | | |
| Sex: Male | Age: 49 | Date of Birth: 04/11/1972 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Chauffeur | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 29/03/2022 16:00 | Type of Location: T-Junction |
| Location: NAMLY AVENUE | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|-----------------------|--------|-------------------------------|-------|---------------------|-------|
| PC7914L | Bus/Coach/Mi nibus | TOYOTA | HIACE | White | Slightly Damaged | 1 |
| SMG3212U | Car | HONDA | SHUTTLE HYBRID 1.5 AUTO | Grey | | 0 |



**SINGAPORE
POLICE FORCE**



T/20220330/7014

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

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Report No. T/20220330/7014

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMG3212U | NTUC Income Insurance Co-Operative Limited | 5119594781-01 | 14/12/2021 | 13/12/2022 |

| Details of Person Involved | | | | |
|-----------------------------------|-----------------------------|-----|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | TNG HUI TING | | ID No. | S8904502I |
| Related Vehicle | PC7914L (Bus/Coach/Minibus) | | Contact No. | 90170524 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of | NIL |
| Driver | | | | |
| Name | GOH AH HUA | | ID No. | S7267583E |
| Related Vehicle | SMG3212U (Car) | | Contact No. | 91391908 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | 03 | Degree of | Slight |

Brief Details.

On 29th March 2022 around 1600 hrs, i was driving SMG3212U along Namly Ave, suddenly a van PC7914L drive out from Namly View and hit on my rear LHS. My passenger and i go for doctor consultation after the accident.



**SINGAPORE
POLICE FORCE**



T/20220330/7014

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

3 of 3

Report No. T/20220330/7014

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 /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

NP168

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

Date/Time:
30/03/2022 14:18

Classification Of Case:

