

## 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
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#### 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
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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. This report is only for the use of the insured and is not to be used for any other purpose.
2. This form must be completed by the insured and the insurer(s) only.
3. Information provided must be as accurate and complete as possible. Any willful overstatement or withholding of material facts may allow insurance companies to question the claimant's 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 statement may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the General Insurance Association of Singapore (GIA) to 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 completion 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 if requested.
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 claims, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

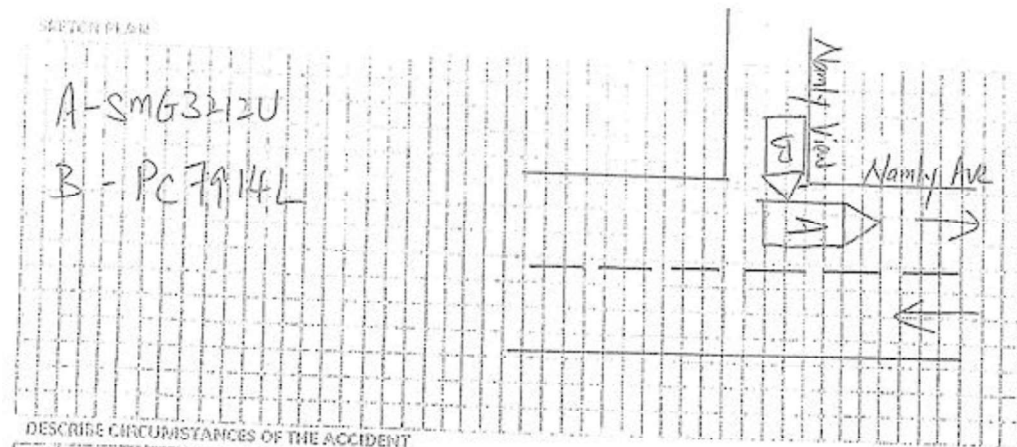
30/3/22

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

Insuring Company's Signature  
Date:

Officer/Officer

General Insurance Association of Singapore



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29th March 2022 around 1600 hrs, I was driving SMG3212U along Namly Ave. Suddenly a van PC7914L drove 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

NOTICE

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.

- |                                     |                               |
|-------------------------------------|-------------------------------|
|                                     | Reporting Only                |
|                                     | Claim OD                      |
|                                     | Claim TP                      |
| <input checked="" type="checkbox"/> | Claim OD/TP at other workshop |

DECLARATION

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

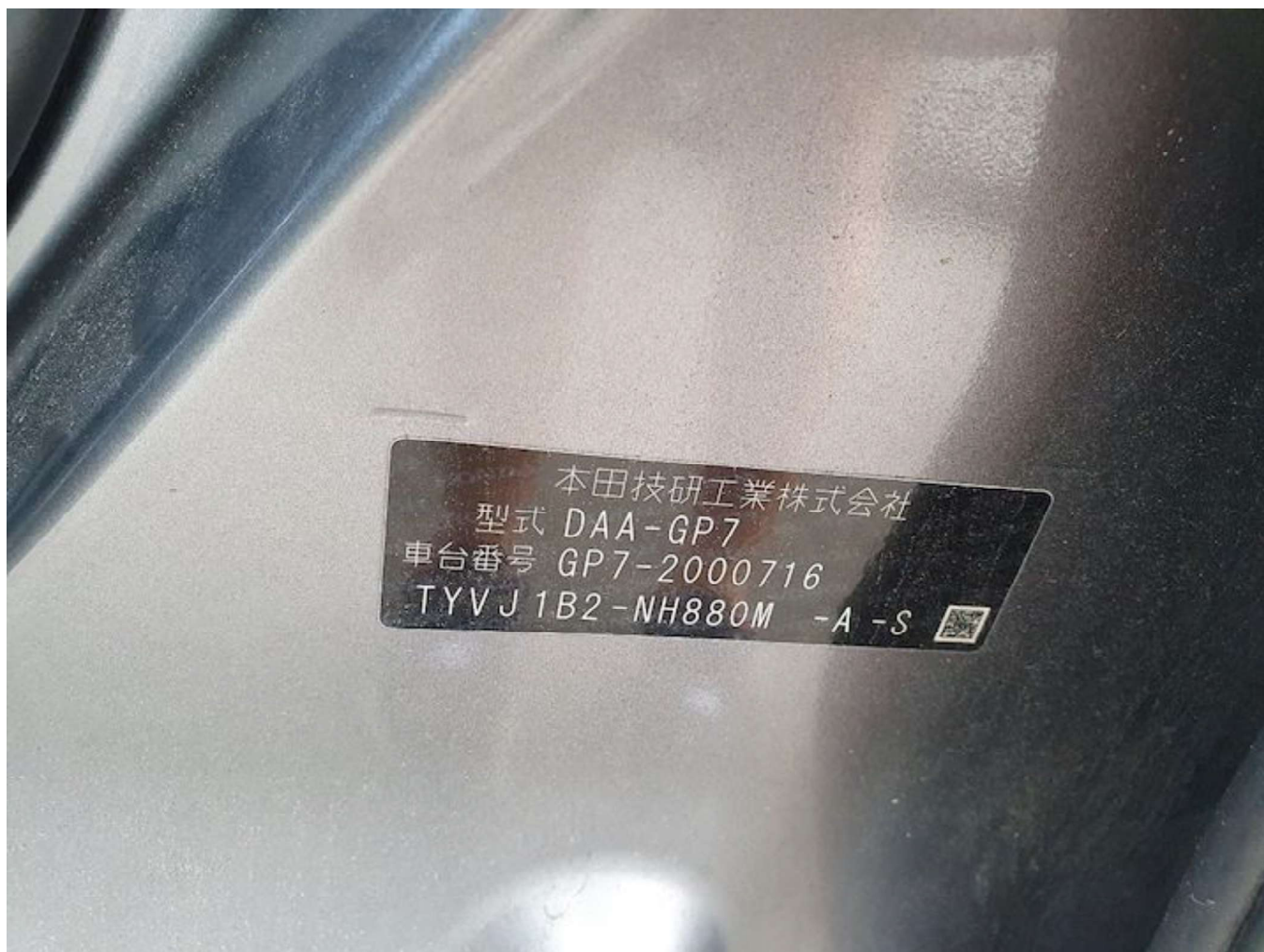
V - Tech Auto Service

Policyholder's signature  
Date of this 30/3/22

Driver's Signature  
(If different from the policyholder)  
Date of this

Reporting Centre Personnel's Signature  
Name:  
(Date/Signature)























**SINGAPORE  
POLICE FORCE**



T/20220330/7014

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

1 of 3  
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.:	
<b>Informant's Particulars</b>					
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

2 of 3  
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 / TPB /  
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:

