

# 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 .....	03/10/2022 12:53 (SGT)
Reported by .....	Both
Date of Accident .....	30/09/2022 19:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLIP ROAD OF JALAN JURONG KECHIL INTO BUKIT BATOK EAST AVE 6
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMM9197J
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GOH KENG CHAI
NRIC No .....	S1561939B
Email Address .....	KESGOH@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98302360
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Freed
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 .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5125995570

### DRIVER

Name of Driver .....	GOH KENG CHAI
NRIC No .....	S1561939B
Date Of Birth .....	09/05/1962

Occupation .....	Indoor
Date Of Driving Pass .....	23/05/1983
Driving experience .....	39 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98302360
Alt. Phone Number .....	-
Email Address .....	KESGOH@GMAIL.COM
Address .....	27 JALAN SELANTING
Address complement .....	-
Postcode .....	598389
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 .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	LIM SWAY NGOH
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 POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC7393J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	CHONG NGIAP KWEE
NRIC No .....	S0034076F
Contact Number .....	(Phone) +65-98291681
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 .....	GOH KENG CHAI
Gender .....	Male
Phone No .....	(Phone) +65-98302360
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	60
Injuries Sustained .....	BACK PAIN AND RIGHT HAND NUMBNESS
Injured person in which vehicle? .....	SMM9197J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	LIM SWAY NGOH
Gender .....	Female
Phone No .....	(Phone) +65-98767803
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	60
Injuries Sustained .....	NECK PAIN
Injured person in which vehicle? .....	SMM9197J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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.

  
03/10/2022  
12:30

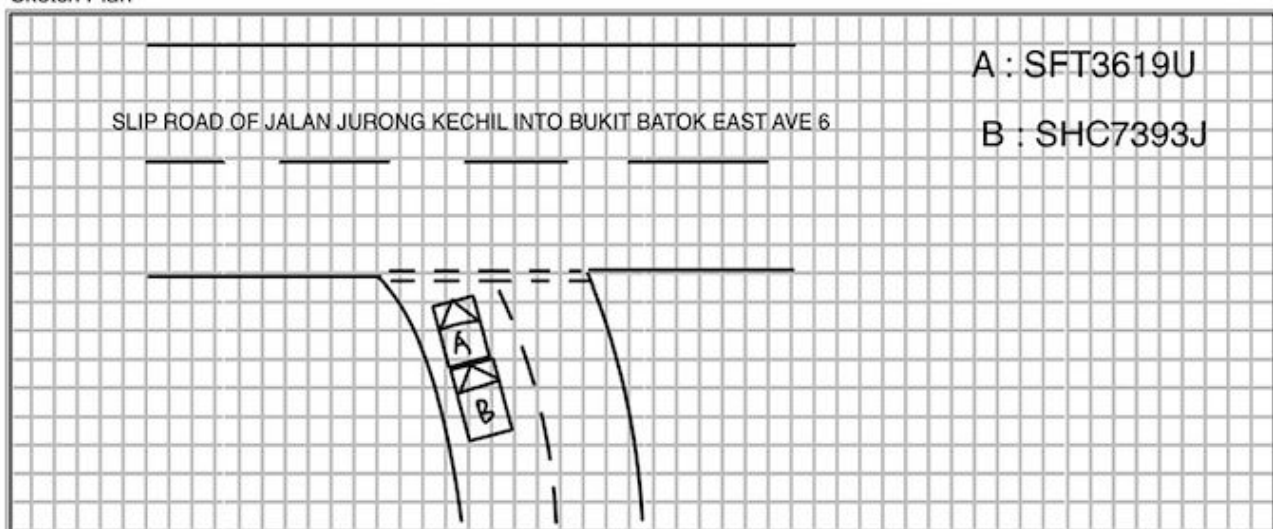
Policyholder's Signature / Date & Time

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



Lim Kai Chuan

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**

Describe Circumstance of the Accident

Refer to POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.

  
03/10/2022  
12:30

Policyholder's Signature / Date & Time

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



LIM KAI CHUAN

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)


















**SINGAPORE  
POLICE FORCE**


T/20221001/7017

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

1 of 4

Report No. T/20221001/7017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/10/2022 15:43	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: GOH KENG CHAI		Address: 27 JALAN SELANTING SINGAPORE 598389	
ID Type / ID No.: NRIC NO / S1561939B		Contact No.: Home/Office:	Mobile: 98302360
Nationality: SINGAPORE CITIZEN		Email: KESGOH@GMAIL.COM	
Sex: Male	Age: 60	Date of Birth: 09/05/1962	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		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: 30/09/2022 19:10	Type of Location: T-Junction
Location:  BUKIT BATOK EAST AVE 6 old jurong road				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: where the taxi hit the back of my stationary car				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFT3619U	Car	HONDA	freed	Black	Seriously Damaged	2
SHC7393J	Car	HYUNDAI		Yellow	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20221001/7017

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

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Report No. T/20221001/7017

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFT3619U	NTUC Income Insurance Co-Operative Limited	5125995570	28/02/2022	17/07/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	GOH KENG CHAI		ID No.	S1561939B
Related Vehicle	SFT3619U (Car)		Contact No.	98302360
Hospital/Clinic	FIRST CARE FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	30/09/2022		Date	30/09/2022
No. of Days granted Medical Leave	04		Degree of	Serious
Driver				
Name	GOH KENG CHAI		ID No.	S1561939B
Related Vehicle	SFT3619U (Car)		Contact No.	98302360
Hospital/Clinic	FIRST CARE FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	30/09/2022		Date	30/09/2022
No. of Days granted Medical Leave	04		Degree of	Serious
Passenger				
Name	LIM SWAY NGOH		ID No.	S1553458C
Related Vehicle	SFT3619U (Car)		Contact No.	98767803
Hospital/Clinic	FIRST CARE FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	30/09/2022		Date	30/09/2022
No. of Days granted Medical Leave	04		Degree of	Serious





**SINGAPORE  
POLICE FORCE**



T/20221001/7017

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

Report No. T/20221001/7017

**CONTINUATION OF REPORT**

Brief Details.

about 7:10pm, location the T-junction of, Bukit Batok East Ave 6, Old Jurong Road and Jalan Jurong Kechil in front of Park Natura Condominium: I was stationary at the Filter Lane while waiting for traffic to clear. Suddenly vehicle SHC7393J hit against the rear right of my vehicle causing serious damage to my vehicle. Both my wife and myself were injured due to this accident.

**SINGAPORE  
POLICE FORCE**

T/20221001/7017

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

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Report No. T/20221001/7017

**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 /  
TAN JEOK LENG  
Contact No.: 65476151

This report is lodged at Bukit Timah NPP Kiosk  
NP168

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

Date/Time:  
01/10/2022 15:43

Classification Of Case: