

# 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	29/03/2023 15:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/03/2023 08:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MANDAI ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5642Y
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MELVIN GOH HE YOU
NRIC No	S9307688E
Email Address	MELVGHY@GMAIL.COM
Mobile Phone No	(Phone) +65-81273450
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Crossroad
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	0

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128494598

### DRIVER

Name of Driver	MELVIN GOH HE YOU
NRIC No	S9307688E
Date Of Birth	02/03/1993
Occupation	Indoor

Date Of Driving Pass .....	09/01/2013
Driving experience .....	10 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81273450
Alt. Phone Number .....	-
Email Address .....	MELVGHY@GMAIL.COM
Address .....	BLK 509A YISHUN AVENUE 4 #07-08
Address complement .....	-
Postcode .....	761509
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	4
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) .....	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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JRB2603
Vehicle Category .....	Private car

#### PASSENGER 1

Name .....	CHERYL CHEW
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO THE ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number .....	SKR3097B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number .....	SHC7135M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number .....	JRB2603
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

# 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.

*ngly* 12/07/23

Policyholder's Signature / Date & Time

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

*YVONNE*

Witnessed by Reporting Centre Personnel

Sketch Plan

A- 53N 56437

B- 5KR 3097B

C- 5HC 7135M

D- 3RB 2603

Mandai Road



Describe Circumstances of the Accident

Refer to police report.

Declaration

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

*ngly* / 20/09/2023

Policyholder's Signature / Date & Time

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

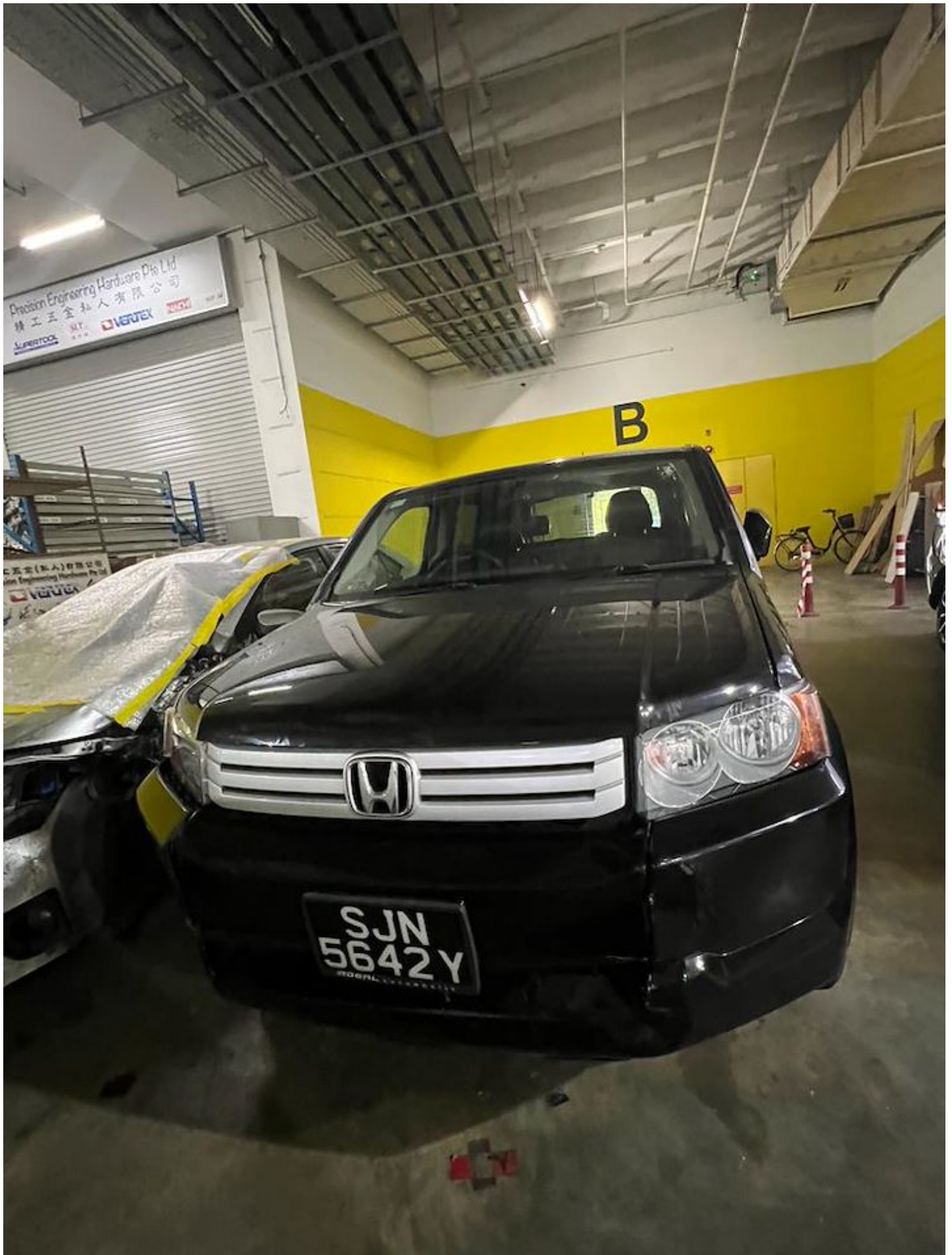
*YVONNE*  
Witnessed by Reporting Centre Personnel



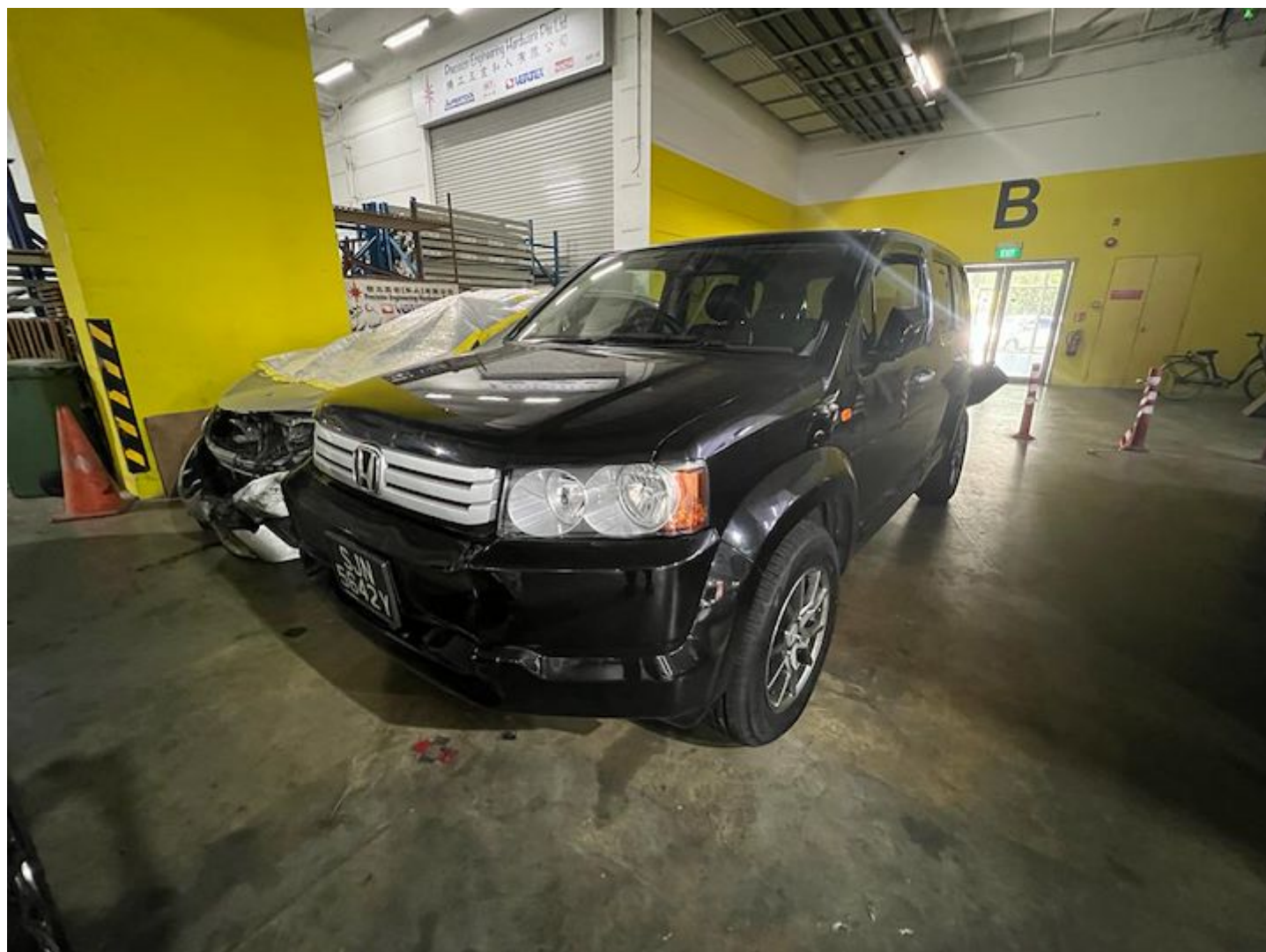


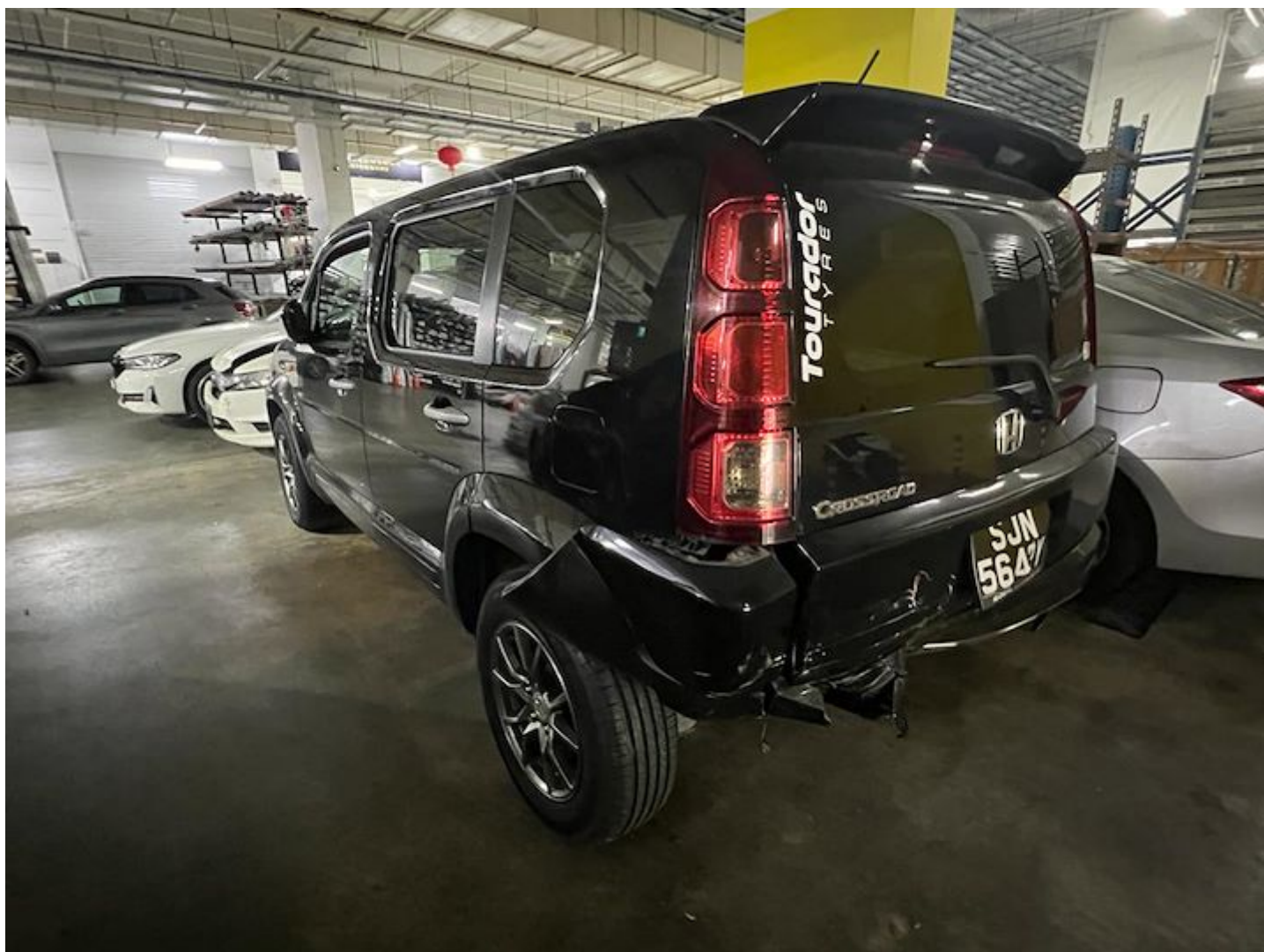








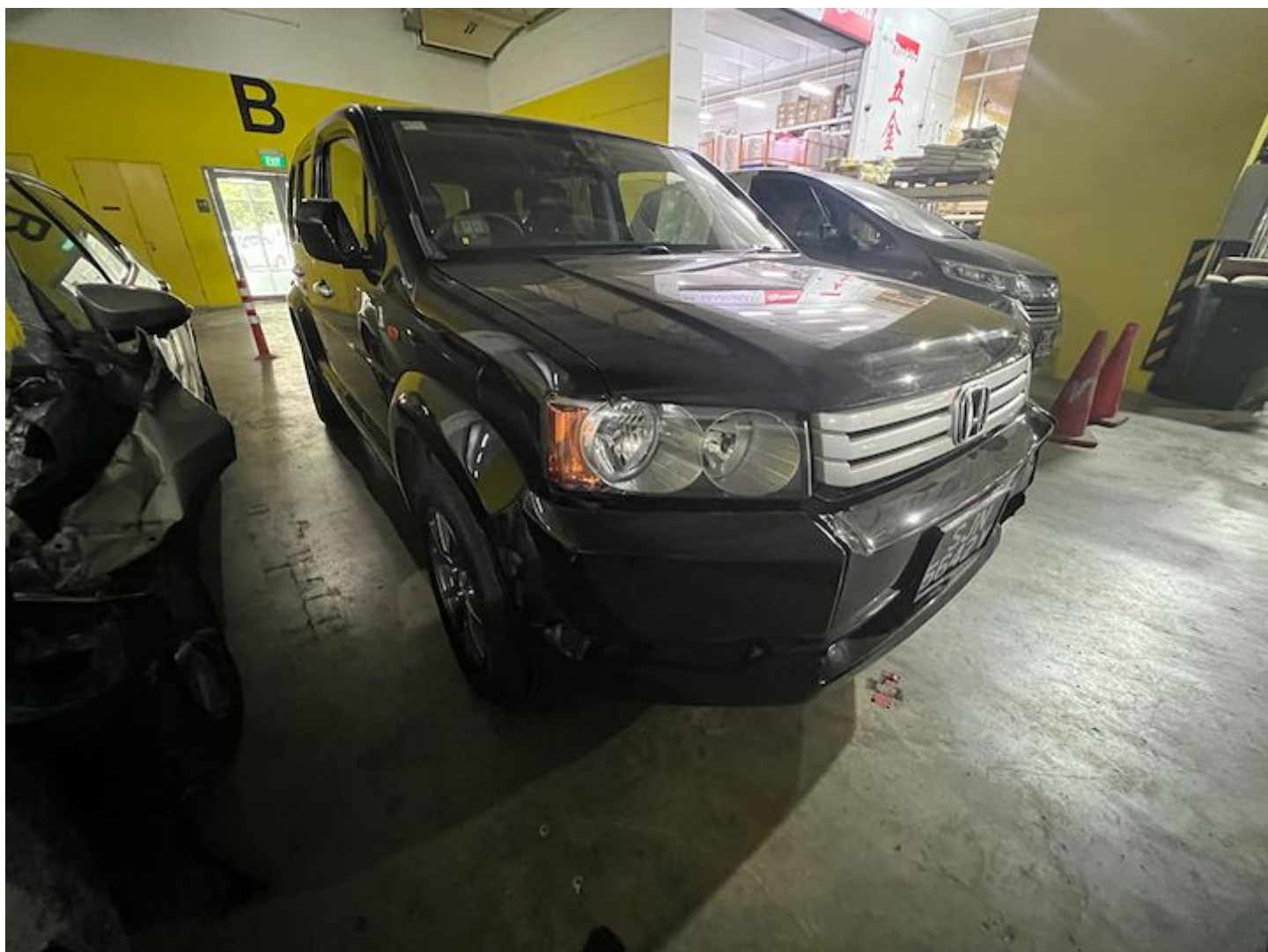


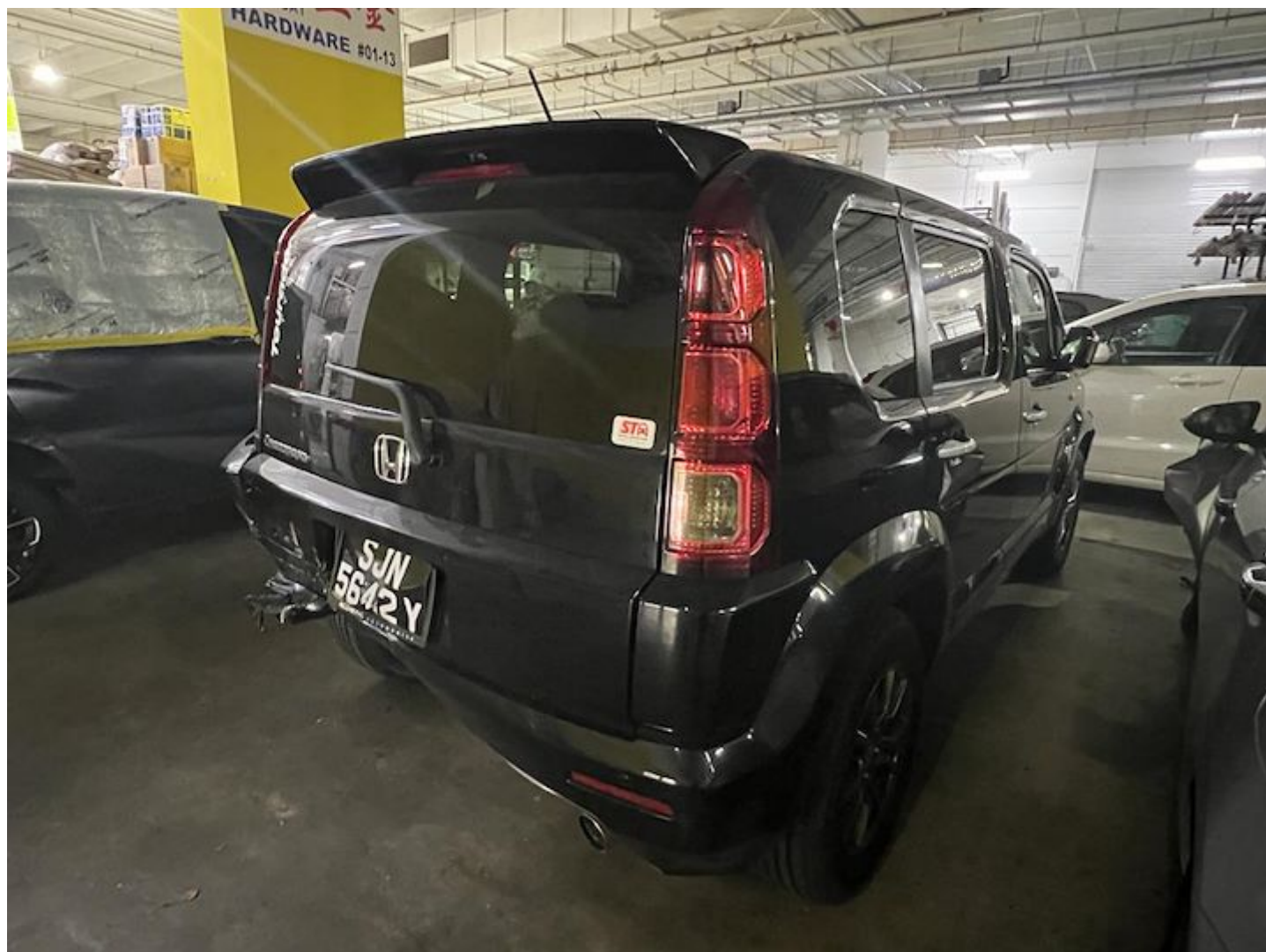




















**SINGAPORE  
POLICE FORCE**



T/20230329/2049

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 4

Report No. T/20230329/2049

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/03/2023 13:09	Vide Report No.: L/20230329/0057	Station Diary No.: 99
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**Informant's Particulars**

Name of Informant: MELVIN GOH HE YOU	Address: APT BLK 509A YISHUN AVENUE 4 #07-08 SINGAPORE 761509		
ID Type / ID No.: NRIC NO / S9307688E	Contact No.: Home/Office: Mobile: 81273450		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 30	Date of Birth: 02/03/1993	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: FIANCNE	Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/03/2023 08:45	Type of Location: Straight Road
Location:  MANDAI ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRB2603	Car				Slightly Damaged	1
SHC7135M	Car				Slightly Damaged	2
SJN5642Y	Car	HONDA	CROSSROAD 1.8L A	Black	Seriously Damaged	1
SKR3097B	Car				Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20230329/2049

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Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20230329/2049

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN5642Y	NTUC Income Insurance Co-Operative Limited	5128494598	19/08/2022	18/08/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Unknown	ID No.	NIL
Related Vehicle	SHC7135M (Car)	Contact No.	88818350
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MELVIN GOH HE YOU	ID No.	S9307688E
Related Vehicle	SJN5642Y (Car)	Contact No.	81273450
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name	Unknown	ID No.	NIL
Related Vehicle	SKR3097B (Car)	Contact No.	94778456
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL





**SINGAPORE  
POLICE FORCE**



T/20230329/2049

Police Station Of Origin:  
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Report No. T/20230329/2049

**CONTINUATION OF REPORT**

**Brief Details.**

On 29/03/2023 at about 0840hrs, I was driving my car along mandai road and was involved in a chain collision. My car came to a stop at a traffic light but the car behind collided into the rear of my car which cause my car to hit onto the other car in front. Nobody was injured. I have an in-car footage which has been forwarded to the Traffic Police investigation officer.



**SINGAPORE  
POLICE FORCE**



T/20230329/2049

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Report No. T/20230329/2049

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /  
SGT 2 MUHAMMAD NUR HAQIM  
BIN ABU MANSOR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/03/2023 13:09

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

NP168