

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	18/04/2023 14:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/04/2023 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI (AFTER JURONG TOWN HALL ROAD ENTRANCE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT3714G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH AH LYE
NRIC No	SXXXX318D
Email Address	kenny.goh1205@gmail.com
Mobile Phone No	(Phone) +65-96247592
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00217252205

DRIVER

Name of Driver	GOH AH LYE
NRIC No	SXXXX318D
Date Of Birth	07/06/1962

Occupation	Indoor
Date Of Driving Pass	19/06/1984
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96247592
Alt. Phone Number	-
Email Address	kenny.goh1205@gmail.com
Address	APT BLK 458 CHOA CHU KANG AVENUE 4
Address complement	# 11-205
Postcode	680458
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	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
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	KOH GEK GEOK
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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230417/7031

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	SKS7056M
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
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	SJW1641D
Vehicle Manufacturer	Honda
Vehicle Model	City
Vehicle Variant	-
Vehicle Colour	Blue
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 3

Vehicle Registration Number	SKT390M
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 4

Vehicle Registration Number	SLL9398M
Vehicle Manufacturer	Mazda
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 5

Vehicle Registration Number	FBP7358P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH GEK GEOK
Gender	Female
Phone No	(Phone) +65-96247592
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MUSCLE & CHEST PAIN
Injured person in which vehicle?	SLT3714G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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.



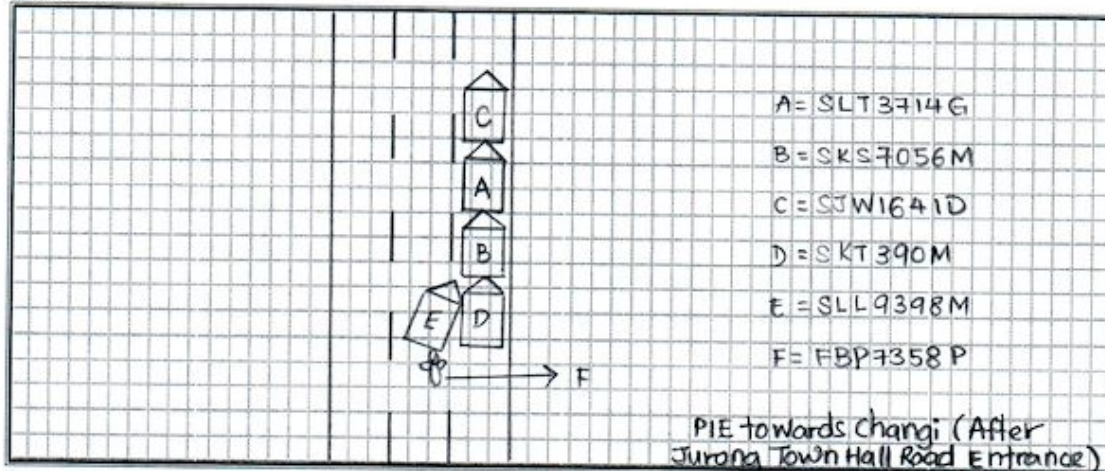
Policyholder's Signature / Date & Time



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

 18/4/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID Card)

Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report

Police Report No. : T/20230417/7031

Declaration

I/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

 18/4/2023

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



**SINGAPORE
POLICE FORCE**



T/20230417/7031

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

3 of 4

Report No. T/20230417/7031

CONTINUATION OF REPORTBrief Details.

On 17.04.2023 (Mon) at about 07:30 hours along PIE towards Changi (After Jurong Town Hall Road Entrance), I was travelling straight on lane 1 at the above mentioned location and when the front vehicle (C) slowed down and stopped, hence I also followed suit.

Suddenly, I heard loud bangs from behind and the great impact pushed my vehicle to move forward and hit onto the front vehicle (C). When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A), thus causing damages onto the front and rear portion of my vehicle (A).

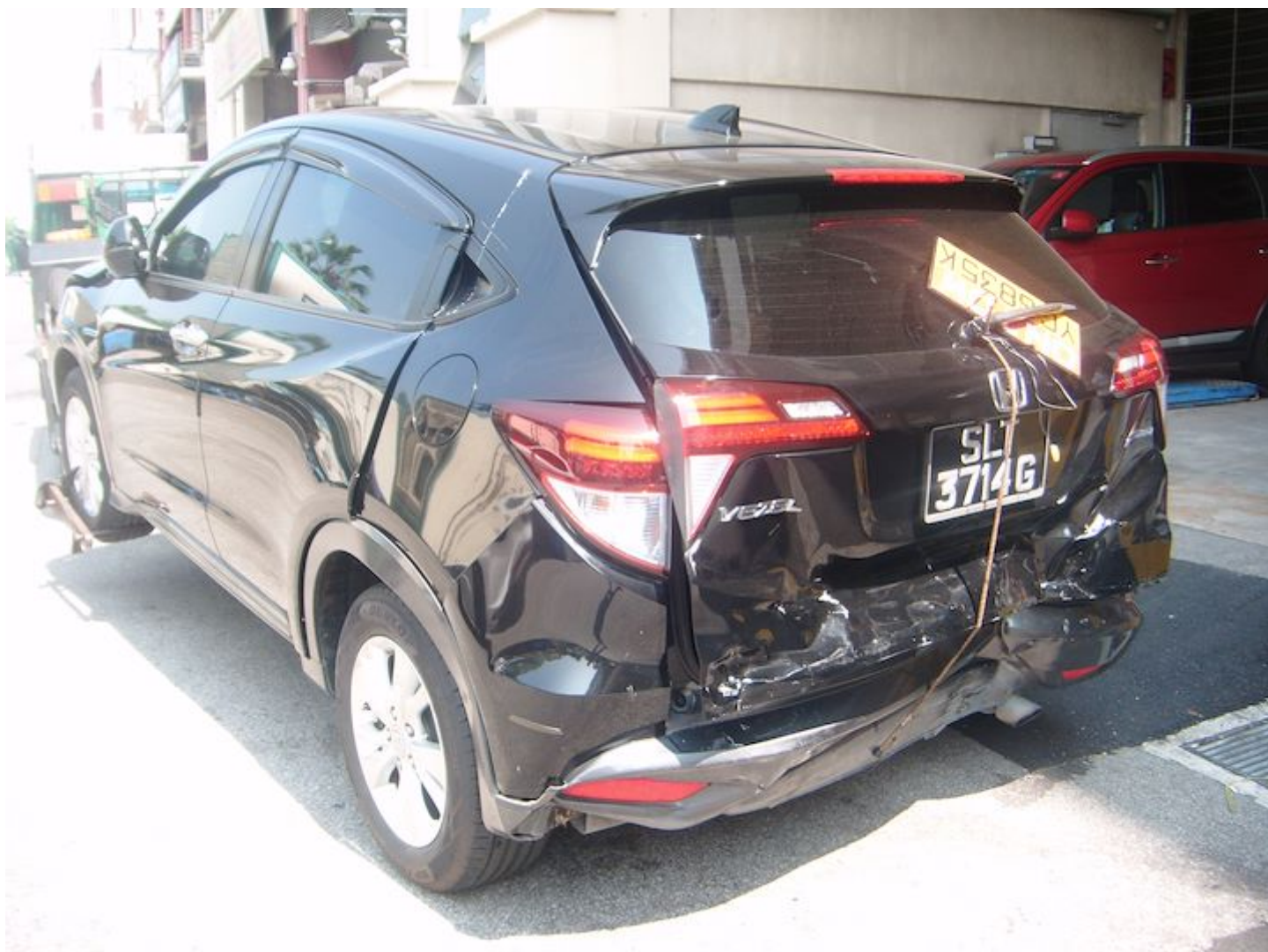
I wish to state that it was a chain collision of total of 6 vehicles involved and I have 1 passenger in my vehicle (A).

Vehicle (A): SLT 3714G
Vehicle (B): SKS 7056M
Vehicle (C): SW 1641D
Vehicle (D): SKT 390M
Vehicle (E): SLL 9398M
Vehicle (F): FBP 7358P






























**SINGAPORE
POLICE FORCE**


T/20230417/7031

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

1 of 4

Report No. T/20230417/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2023 12:01	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: GOH AH LYE			Address: 458 CHOA CHU KANG AVENUE 4 #11-205 SINGAPORE 680458		
ID Type / ID No.: NRIC NO / S1523318D			Contact No.: Home/Office: Mobile: 96247592		
Nationality: SINGAPORE CITIZEN			Email: KENNY.GOH1205@GMAIL.COM		
Sex: Male	Age: 60	Date of Birth: 07/06/1962	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self Employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/04/2023 07:30	Type of Location: Straight Road
Location: PIE TOWARDS CHANGI AFTER JURONG TOWN HALL ENTRANCE				
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP7358P	Motorcycle	OTHERS				0
SJW1641D	Car	HONDA	CITY	Blue		2
SKS7056M	Car	KIA		Red		0
SKT390M	Car	OTHERS				0



**SINGAPORE
POLICE FORCE**



T/20230417/7031

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

2 of 4

Report No. T/20230417/7031

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL9398M	Car	MAZDA				0
SLT3714G	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Black	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT3714G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002172 52205	26/10/2022	25/10/2023

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	KOH GEK GEOK	ID No.	S1598583F
Related Vehicle	SLT3714G (Car)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	17/04/2023	Date	17/04/2023
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	GOH AH LYE	ID No.	S1523318D
Related Vehicle	SLT3714G (Car)	Contact No.	96247592
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20230417/7031

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**SINGAPORE
POLICE FORCE**



T/20230417/7031

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

4 of 4

Report No. T/20230417/7031

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

NP168

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

Date/Time:
17/04/2023 12:01

Classification Of Case: