

## 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 .....	15/05/2023 16:13 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	13/05/2023 12:40 (SGT)
Exact Location of Accident .....	KPE, Singapore
Additional Location Information .....	KPE TOWARDS ECP (BEFORE TAMPINES ROAD)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SCG8113H
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ONG BEE GEOK
NRIC No .....	SXXXX375F
Email Address .....	STEVENGHY@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-83332616
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Previa
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 .....	2362

#### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	S122V08611/VPE/R02

#### DRIVER

Name of Driver .....	GOH HONG YAP
NRIC No .....	SXXXX041G
Date Of Birth .....	13/02/1974
Occupation .....	Indoor

Date Of Driving Pass .....	22/05/1998
Driving experience .....	25 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96925982
Alt. Phone Number .....	-
Email Address .....	STEVENGHY@HOTMAIL.COM
Address .....	BLK 23 ELIAS ROAD #16-25
Address complement .....	-
Postcode .....	519935
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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? .....	No
Number of vehicles involved in the accident .....	4
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) .....	5
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 .....	ONG BEE GEOK
Gender .....	Female

#### PASSENGER 2

Name .....	SEE SIEW HONG
Gender .....	Female

#### PASSENGER 3

Name .....	GOH HONG SHENG XAVIER
Gender .....	Male

#### PASSENGER 4

Name .....	GOH XIN EN XIENTA
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? .....	-

## 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 ..... SMV2759L  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... NA / Unknown  
 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 ..... SLG4140Z  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... NA / Unknown  
 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 ..... SLC6205D  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... NA / Unknown  
 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 .....	ONG BEE GEOK
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SCG8113H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	SEE SIEW HONG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SCG8113H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 3

Name of injured person .....	GOH HONG SHENG XAVIER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SCG8113H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 4

Name of injured person .....	GOH XIN EN XENTIA
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SCG8113H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 5

Name of injured person .....	GOH HONG YAP
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SCG8113H

Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

### SKETCH PLAN

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#### 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

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

### Sketch Plan

	D	C	A	B	
					A = SCG8113H
					B = SMV275AL
					C = SLA4140Z
					D = SLC6205D

Describe Circumstance of the Accident

Refer to Police Report

Police Report No. : T/20230513/7059

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

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



**SINGAPORE  
POLICE FORCE**



T/20230513/7059

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

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Report No. T/20230513/7059

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/05/2023 19:11		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: GOH HONG YAP			Address: 33 ELIAS ROAD #16-25 SINGAPORE 519935		
ID Type / ID No.: NRIC NO / S7405041G			Contact No.: Home/Office: Mobile: 96925982		
Nationality: SINGAPORE CITIZEN			Email: STEVENGHY@HOTMAIL.COM		
Sex: Male	Age: 49	Date of Birth: 13/02/1974	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Director			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/05/2023 12:40	Type of Location:
Location:  KPE to ECP				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCG8113H	Car					4

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20230513/7059

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

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Report No. T/20230513/7059

## CONTINUATION OF REPORT

Driver			
Name	GOH HONG YAP	ID No.	S7405041G
Related Vehicle	SCG8113H (Car)	Contact No.	96925982
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I was ferrying my family on board vehicle SCG8113H.

1. Ong Bee Geok - wife
2. See Siew Hong - MIL
3. Goh Hong Sheng Xavier - Son
4. Goh Xin En Xentia - daughter

We were travelling straight on KPE towards ECP. I was on lane 1.

Before Tampines Road the vehicle in front of me hit onto its front vehicle and I gradually came to a stop. I did not hit onto the front vehicle.

Suddenly vehicle SMV2759L came from behind and hit onto my vehicle's rear portion and the impact propelled my vehicle forward to hit onto my front vehicle.

My impact did not result in a 2nd impact between the 2nd and 1st car.

I later realised I was involved in a 4 vehicle chain collision and I am the 3rd car.

Order of the vehicles are as follows:

1. SLC6205D
2. SLG4140Z
3. SCG8113H
4. SMV2759L

The impact was great and causes my right wrist to hit onto my steering.

After a while I start to feel pain on my neck, shoulder and lower back areas.

My Family members all suffered some injuries.

Later I, my wife and mother in law proceeded to Central 24Hr Clinic to seek treatment and me and my wife were given 3 days MC.

After I came back from the clinic I start to feel pain on my right wrist.



**SINGAPORE  
POLICE FORCE**



T/20230513/7059

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10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230513/7059

**CONTINUATION OF REPORT**

My wife and mother in law also developed pain on their lower back.

I will be bringing them to seek treatment again tomorrow if their pain persisted.

I will also be bringing my children to seek treatment tomorrow.



**SINGAPORE  
POLICE FORCE**



T/20230513/7059

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

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Report No. T/20230513/7059

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN JEOK LENG LESLIE  
Contact No.: 65476151

NP168

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

Date/Time:  
13/05/2023 19:11

Classification Of Case: