

# 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 .....	10/06/2023 11:03 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	09/06/2023 09:55 (SGT)
Exact Location of Accident .....	Enggor St, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNC8607R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GOH ENG CHYE
NRIC No .....	SXXXX956Z
Email Address .....	AGNESLMY80@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90662212
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Avante
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 .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5128592348

### DRIVER

Name of Driver .....	GOH ENG CHYE
NRIC No .....	SXXXX956Z
Date Of Birth .....	15/04/1971
Occupation .....	Outdoor

Date Of Driving Pass .....	06/08/1991
Driving experience .....	31 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90662212
Alt. Phone Number .....	-
Email Address .....	AGNESLMY80@GMAIL.COM
Address .....	BLK 103A CANBERRA STREET #15-119
Address complement .....	-
Postcode .....	751103
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 .....	Side Swipe
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 .....	GRAB PASSENGER
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 ATTACHED POLICE REPORT T/20230609/7057

#### 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 .....	XD7200M
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 .....	GOH ENG CHYE
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	5 DAYS MC
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLANIMPORTANT NOTICE

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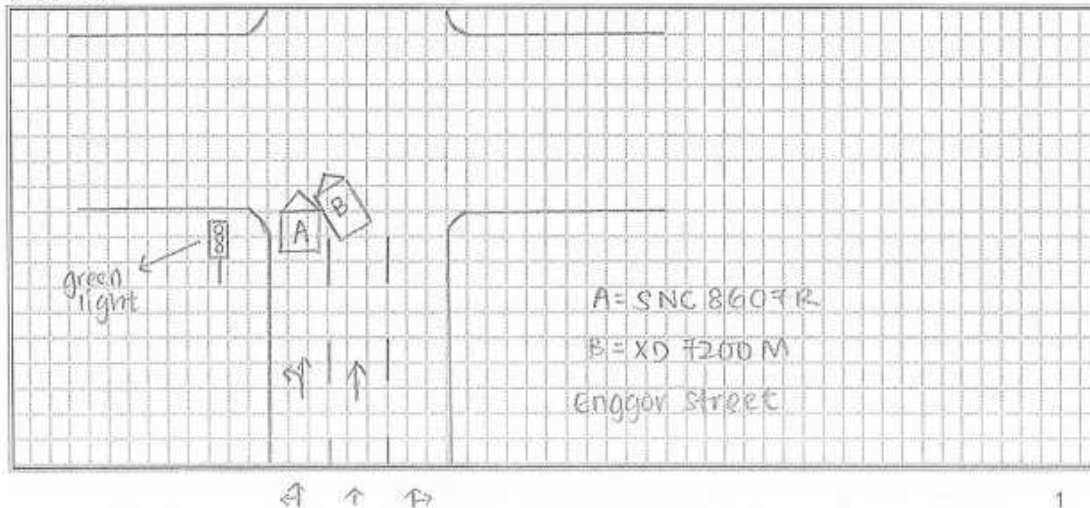
**8. Consent under the Personal Data Protection Act (PDPA)**

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 &amp; Time

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

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

1

Describe Circumstance of the Accident

Refer to Police Report

Police Report No. : T/20230609/7057

Declaration

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

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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



Witnessed by Reporting Centre Personnel  
(Name as in NR/CID card)



**SINGAPORE  
POLICE FORCE**



T/20230609/7057

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

1 of 3

Report No. T/20230609/7057

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/06/2023 19:35		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: GOH ENG CHYE			Address: 103A CANBERRA STREET #15-119 SINGAPORE 751103		
ID Type / ID No.: NRIC NO / S7112956Z			Contact No.: Home/Office: Mobile: 90662212		
Nationality: SINGAPORE CITIZEN			Email: agneslmy80@gmail.com		
Sex: Male	Age: 52	Date of Birth: 15/04/1971	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Phv driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/06/2023 10:00	Type of Location:
Location:  ENGGOR STREET				
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	Conditio	No of
SNC8607R	Car	HYUNDAI	AD AVANTE 1.6 GLS (A) S	White		1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC8607R	NTUC Income Insurance Co-Operative Limited	5128592348	01/07/2022	15/07/2023



**SINGAPORE  
POLICE FORCE**



T/20230609/7057

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

2 of 3

Report No. T/20230609/7057

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH ENG CHYE	ID No.	S7112956Z
Related Vehicle	SNC8607R (Car)	Contact No.	90662212
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time I vehicle SNC8607R was travelling straight on the extreme left lane of Enggor street towards Tanjong Pagar Road.

My lane allows for left turning and going straight.

There was a big truck XD7200M that was travelling alongside me on my right.

The lane on my right can only go straight.

As we approached the junction, the said truck suddenly made a left turn and hit onto my vehicle right portion.

It was sudden and abrupt and his lane cannot turn left.

The impact was hard.

After awhile I start to feel pain on my neck and shoulders areas.

I then proceeded to HUI Clinic and Surgery to seek treatment and I was given 5 days MC.



**SINGAPORE  
POLICE FORCE**

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



T/20230609/7057

3 of 3

Report No. T/20230609/7057

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

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

Date/Time:  
09/06/2023 19:35

Classification Of Case:

NP168