

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 | 21/06/2023 17:18 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 20/06/2023 20:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | SLIP ROAD ENTERING TO NORMANTON PARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMZ9063T |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|--------------------------|
| Is company? | Yes |
| Name Of Registered Owner | M5 EQUIPMENT PTE LTD |
| Company Reg No | 2XXXXX517D |
| Email Address | nevin@m5equipment.com.sg |
| Mobile Phone No | (Phone) +65-69621510 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Mercedes |
| Model | C180 |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Reporting only |
| Vehicle Category | Commercial vehicle |
| Transmission | Auto |
| CC | 1595 |

INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNW00203112200 |

DRIVER

| | |
|----------------------|--------------------|
| Name of Driver | NEVIN GOH JING TAO |
| NRIC No | SXXXX803H |
| Date Of Birth | 17/05/1993 |
| Occupation | Indoor |

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 20/12/2012 |
| Driving experience | 10 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96584224 |
| Alt. Phone Number | - |
| Email Address | nevin@m5equipment.com.sg |
| Address | APT BLK 714 JURONG WEST STREET 71 |
| Address complement | # 08-143 |
| Postcode | 640714 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| 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 | - |

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/20230620/7067

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 | UNKNOWN |
| 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) | - |

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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.



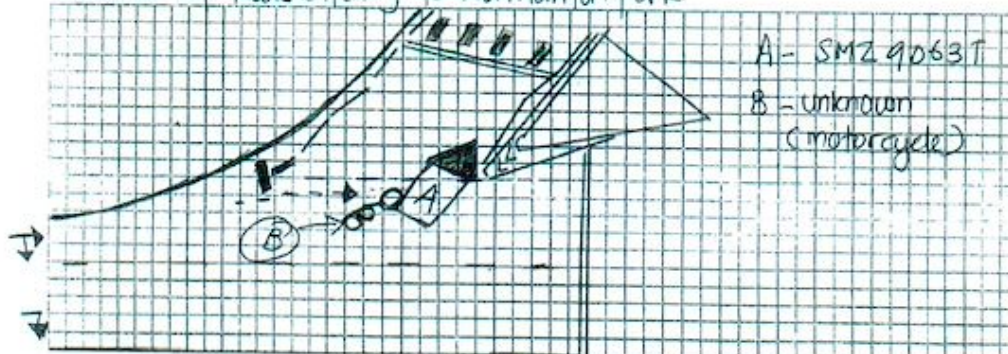
[Signature]
21/06/2023

[Signature] 21/06/2023
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan Slip Road entering to Normanton Park



Describe Circumstance of the Accident

Please Refer to the attached
Police Report
- T/20230620/7067 -

Declaration

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



Policyholder's Signature / Date & Time

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

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

wja2022

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**SINGAPORE
POLICE FORCE**



T/20230620/7067

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

2 of 3
Report No. T/20230620/7067

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|--------------------------------|-----------|-----------------------------------|-----------------------------------|
| Cyclist | | | | |
| Name | DID NOT NOTE DOWN | | ID No. | DID NOT NOTE DOWN |
| Related Vehicle | SMZ9063T (Car) | | Contact No. | 96584224 |
| Hospital/Clinic | 115 EASTPOINT CLINIC & SURGERY | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 20/06/2023 | | Date | 20/06/2023 |
| No. of Days granted Medical Leave | 01 | Degree of | Slight | |
| Driver | | | | |
| Name | NEVIN GOH JING TAO | | ID No. | S9316803H |
| Related Vehicle | SMZ9063T (Car) | | Contact No. | 96584224 |
| 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 | |

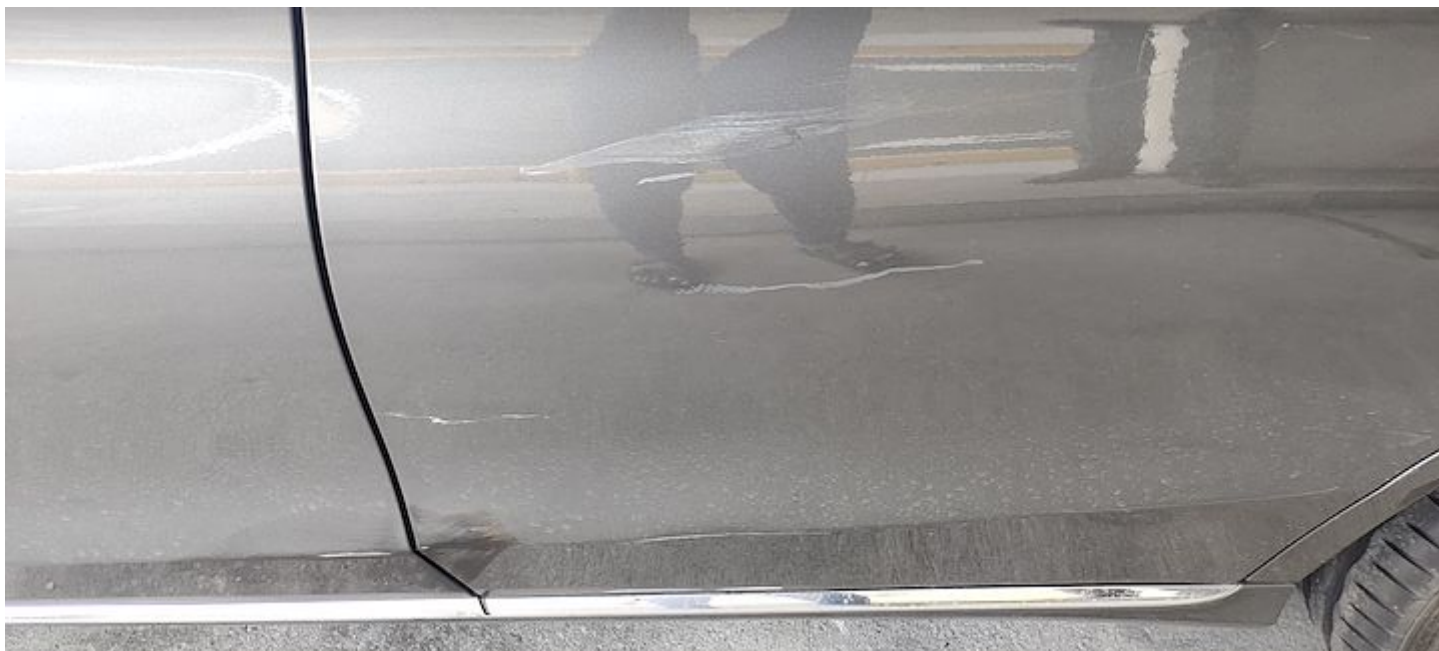
Brief Details.

I was filtering left towards Normanton Park when I had side swiped a motor cyclist. The motorcyclist had some scratches and I had assisted him up. But due to shock, I went back to my car and drove off without noting down the motorcyclist contact number, identification number and vehicle plate number. After calming down I made a call to my boss to report the incident. Whereby he told me to head to a police station to report the accident. I went to Queensway police post along pasir panjang and they told me to make the report online.
















**SINGAPORE
POLICE FORCE**


T/20230620/7067

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

1 of 3

Report No. T/20230620/7067

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 20/06/2023 21:16 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | |
|--|--|------------------------------|------------------------------|
| Name of Informant: NEVIN GOH JING TAO | Address: 714 JURONG WEST STREET 71 #08-143 SINGAPORE 640714 | | |
| ID Type / ID No.: NRIC NO / S9316803H | Contact No.: | Mobile: 96584224 | |
| Nationality: SINGAPORE CITIZEN | Home/Office: | Email: gjtnevin@gmail.com | |
| Sex: Male | Age: 30 | Date of Birth: 17/05/1993 | Type of Informant: Driver |
| Race: Chinese | Language: English | | |
| Occupation: Other commercial and marketing sales executives | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|--------------------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Pedestrian / Cyclist | Drink Drive: No | Date/Time of Accident: 20/06/2023 20:00 | Type of Location: Bend |
| Location: SCIENCE PARK DRIVE | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| SMZ9063T | Car | | | | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230620/7067

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

2 of 3
Report No. T/20230620/7067

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|--------------------------------|-----------|-----------------------------------|-----------------------------------|
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| Date | 20/06/2023 | | Date | 20/06/2023 |
| No. of Days granted Medical Leave | 01 | Degree of | Slight | |
| Driver | | | | |
| Name | NEVIN GOH JING TAO | | ID No. | S9316803H |
| Related Vehicle | SMZ9063T (Car) | | Contact No. | 96584224 |
| 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 | |

Brief Details.

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**SINGAPORE
POLICE FORCE**

T/20230620/7067

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

3 of 3

Report No. T/20230620/7067

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAY CHUN KEEN
Contact No.: 65476436

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

Date/Time:
20/06/2023 21:16

Classification Of Case:

NP168