

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	28/06/2023 09:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/06/2023 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVENUE 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB2402H
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH AIK CHEW
NRIC No	SXXXX648J
Email Address	GKH81@YAHOO.COM
Mobile Phone No	(Phone) +65-93829668
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	3008
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	1560

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00228882200

DRIVER

Name of Driver	GOH KHER HUR
NRIC No	SXXXX639D
Date Of Birth	13/05/1981
Occupation	Indoor

Date Of Driving Pass	14/05/2003
Driving experience	20 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93829668
Alt. Phone Number	-
Email Address	GKH81@YAHOO.COM
Address	APT BLK 331 YISHUN RING ROAD
Address complement	# 08-1398
Postcode	760331
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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)	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/20230627/7014

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	SNE2961X
Vehicle Manufacturer	Honda
Vehicle Model	Hr-v
Vehicle Variant	-

Vehicle Colour	White
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH KHER HUR
Gender	Male
Phone No	(Phone) +65-93829668
Address	APT BLK 331 YISHUN RING ROAD
Address Complement	# 08-1398
Post Code	760331
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK - GIVEN 4 DAYS OF MC
Injured person in which vehicle?	SLB2402H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 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:

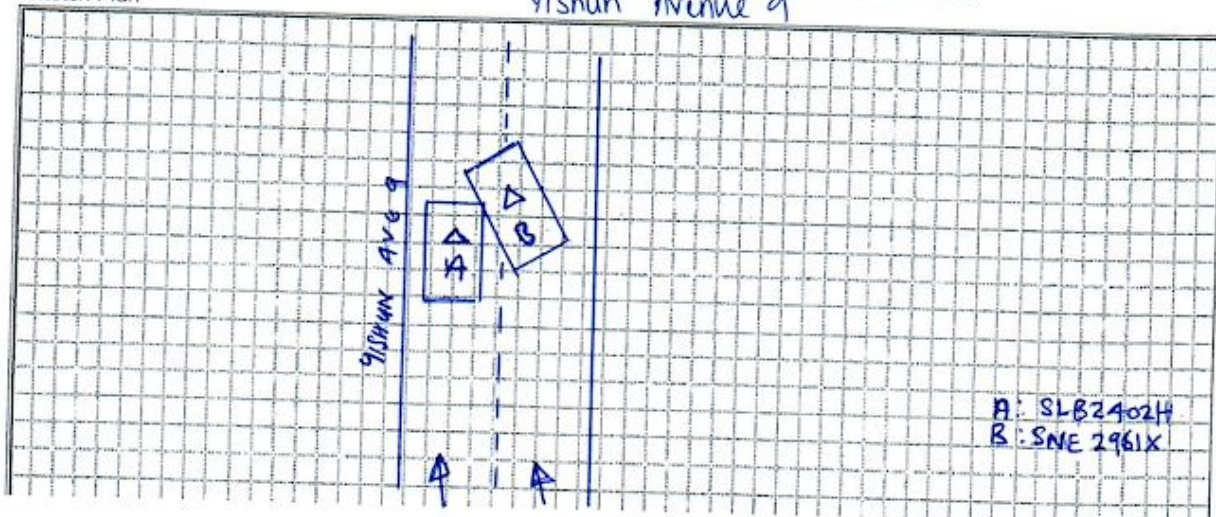
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

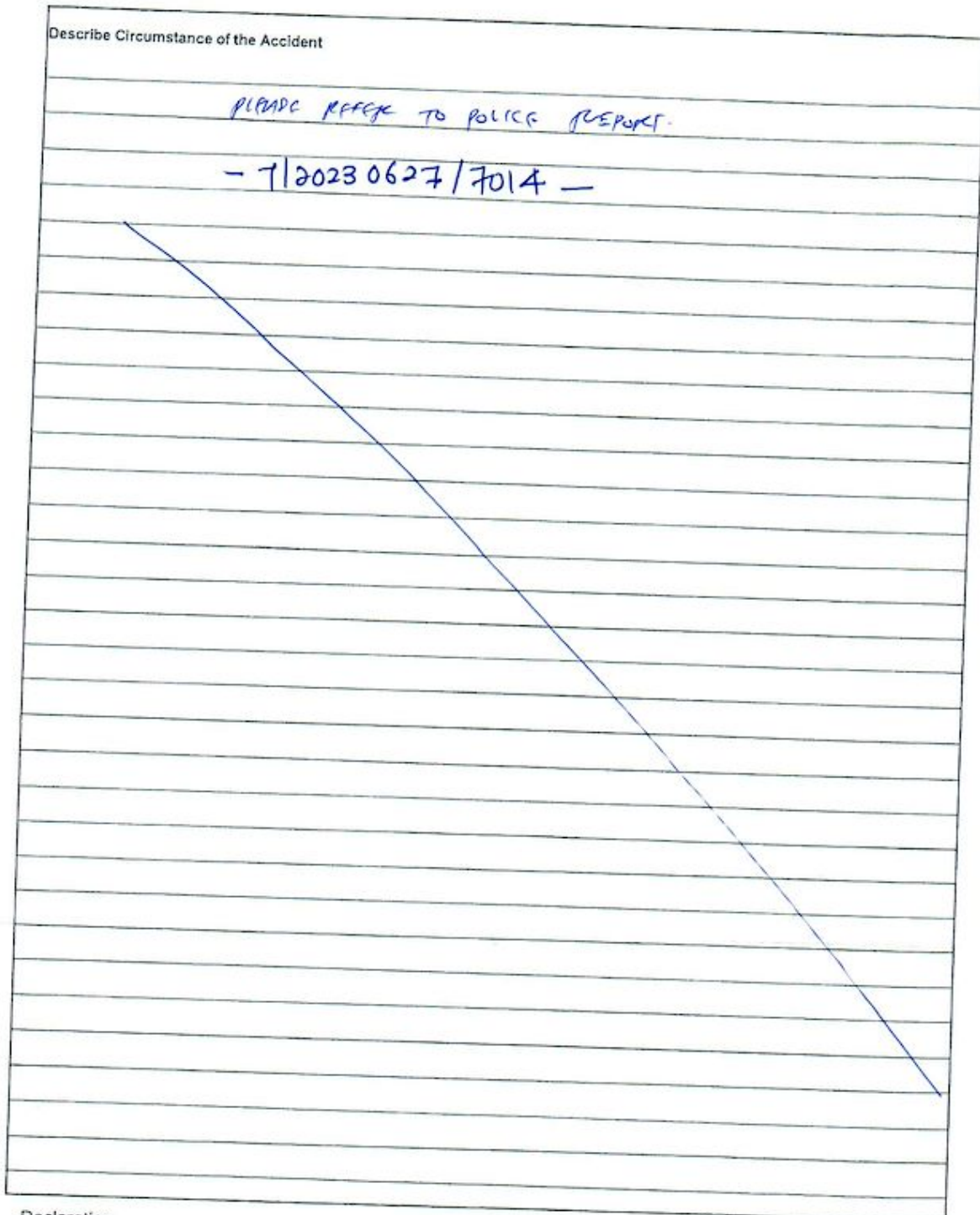
Sketch Plan



Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT.

- 7/2023 0627/7014 -



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

Witnessed by Reporting Centre Personnel




28/06/2023



**SINGAPORE
POLICE FORCE**



T/20230627/7014

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

2 of 3

Report No. T/20230627/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB2402H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002288 82200	01/10/2022	30/09/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH KHER HUR	ID No.	S8113639D
Related Vehicle	SLB2402H (Car)	Contact No.	93829668
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/06/2023	Date	27/06/2023
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

I was travelling along Yishun Ave 9 on the stated date, time and place. I was on the Left Lane on a 2 Lanes road.

While i was doing so, one White Vehicle bearing SNE2961X accelerated and came to my right lane and scolded me for driving too slow. I then told them off but I decided to continue my journey.

However, the White Car accelerated very quickly and Cut into my lane suddenly (he was on right lane, i was on left lane), i have NO time to react and both vehicles collided.

When we both alighted, i quickly took some photos and the passenger of the other party called the police.

We exchanged particulars and left the scene. The police attending to us has also given us the Police Case number : L/20230627/0034

After leaving the place, i suddenly feel pain over my neck and back and decided to consult a doctor.

I wish to reiterate that i was in my Lane all these while without changing lane and the White Vehicle driver has encroached into my lane without Warning.

I have no IN-CAR cam installed but the other vehicle will have it. Police may want to retrieve it to prove what i reported is accurate.

Thats all.









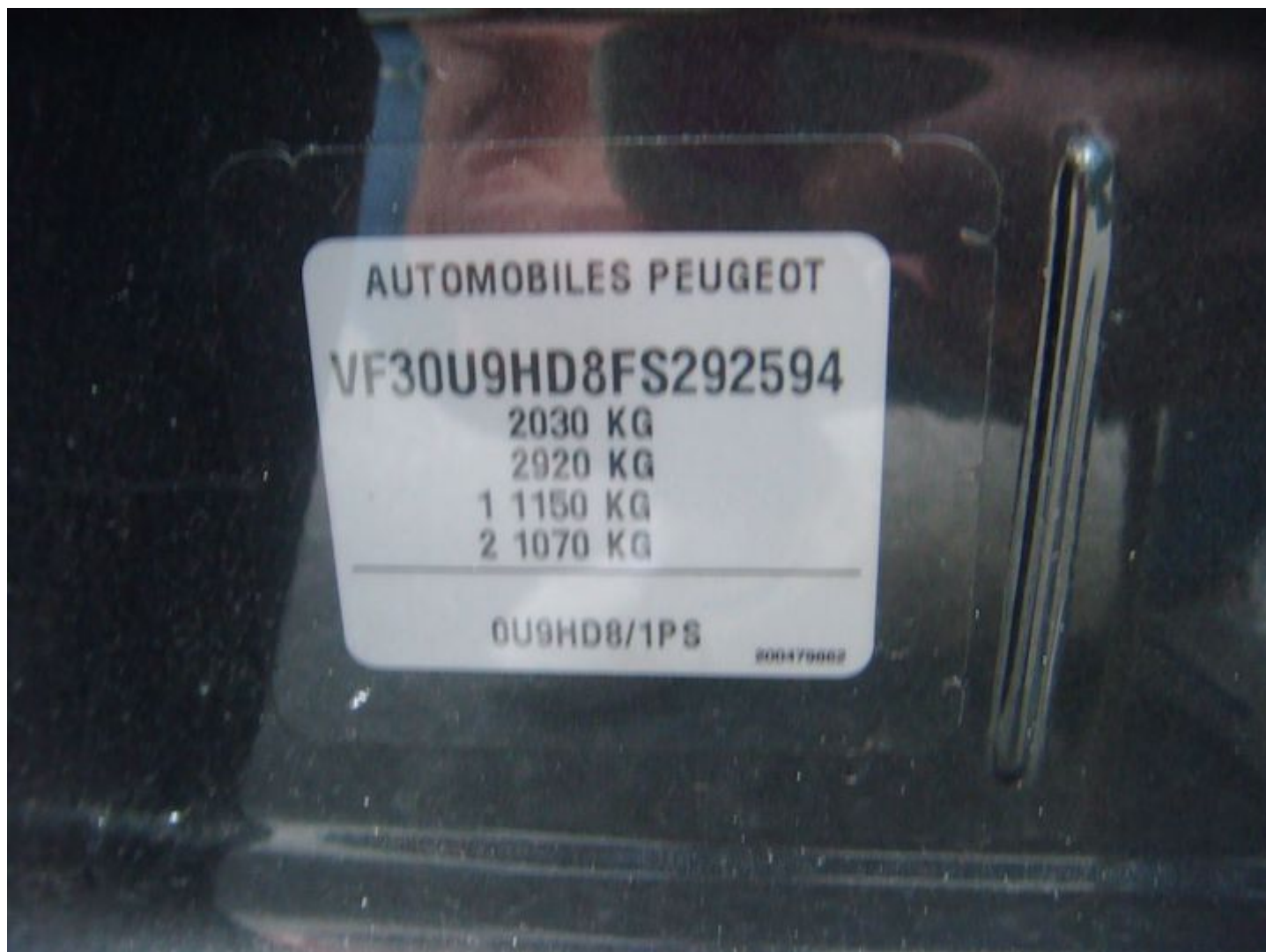














**SINGAPORE
POLICE FORCE**



T/20230627/7014

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

1 of 3

Report No. T/20230627/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2023 11:35	Vide Report No.: L/20230627/0034	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars

Name of Informant: GOH KHER HUR	Address: 331 YISHUN RING ROAD #08-1398 SINGAPORE 760331		
ID Type / ID No.: NRIC NO / S8113639D	Contact No.: Home/Office: Mobile: 93829668		
Nationality: SINGAPORE CITIZEN	Email: gkh81@yahoo.com		
Sex: Male	Age: 42	Date of Birth: 13/05/1981	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: Sales manager	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: 27/06/2023 07:45	Type of Location: Straight Road
Location: YISHUN AVENUE 9				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SLB2402H	Car	PEUGEOT	3008	Grey		0
SNE2961X	Car	HONDA	HRV	White	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20230627/7014

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

2 of 3

Report No. T/20230627/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB2402H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002288 82200	01/10/2022	30/09/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH KHER HUR	ID No.	S8113639D
Related Vehicle	SLB2402H (Car)	Contact No.	93829668
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/06/2023	Date	27/06/2023
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

I was travelling along Yishun Ave 9 on the stated date, time and place. I was on the Left Lane on a 2 Lanes road.

While i was doing so, one White Vehicle bearing SNE2961X accelerated and came to my right lane and scolded me for driving too slow. I then told them off but I decided to continue my journey.

However, the White Car accelerated very quickly and Cut into my lane suddenly (he was on right lane, i was on left lane), i have NO time to react and both vehicles collided.

When we both alighted, i quickly took some photos and the passenger of the other party called the police.

We exchanged particulars and left the scene. The police attending to us has also given us the Police Case number : L/20230627/0034

After leaving the place, i suddenly feel pain over my neck and back and decided to consult a doctor.

I wish to reiterate that i was in my Lane all these while without changing lane and the White Vehicle driver has encroached into my lane without Warning.

I have no IN-CAR cam installed but the other vehicle will have it. Police may want to retrieve it to prove what i reported is accurate.

Thats all.



**SINGAPORE
POLICE FORCE**



T/20230627/7014

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

3 of 3

Report No. T/20230627/7014

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
Ahmad Syafiq Bin Harris
Contact No.: 65476201

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

Date/Time:
27/06/2023 11:35

Classification Of Case:

NP168