

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	11/07/2023 14:40 (SGT)
Reported by	Actual Driver
Date of Accident	10/07/2023 19:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TUAS NEAR BALESTIER EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG2312J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE ELECTRIC VEHICLES PTE LTD
Company Reg No	199803133G
Email Address	OPS@SEV.COM.SG
Mobile Phone No	(Phone) +65-98528779
Alternative Phone No	(Office) +65-89098133

VEHICLE PARTICULARS

Manufacturer	Byd
Model	E6 (ME-2)
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	0

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0000749

DRIVER

Name of Driver	GOH YONG KHIM
NRIC No	S1575197E
Date Of Birth	06/08/1963
Occupation	Outdoor

Date Of Driving Pass	07/07/1984
Driving experience	39 YEARS
Gender	Male
Mobile Number	(Phone) +65-88342086
Alt. Phone Number	-
Email Address	OPS@SEV.COM.SG
Address	BLK 146 YISHUN STREET 11 #08-17
Address complement	-
Postcode	760146
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	3
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	UNKNOWN
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

AS PER POLICE REPORT No.T/20230711/7027

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	SMV1118T
Vehicle Manufacturer	McLaren
Vehicle Model	Mp4-12c
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOW ZHAO JIE
NRIC No	S9026617I
Contact Number	(Phone) +65-98487808
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	SMK6214Z
Vehicle Manufacturer	Toyota
Vehicle Model	Vellfire
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	JUMA'AT BIN AHMAD
NRIC No	S7624160J
Contact Number	(Phone) +65-92782242
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH YONG KHIM
Gender	Male
Phone No	(Phone) +65-98528779
Address	BLK 146 YISHUN STREET 11 #08-17
Address Complement	-
Post Code	760146
Approximate Age Years Old	59
Injuries Sustained	7DAYS MC
Injured person in which vehicle?	SNG2312J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

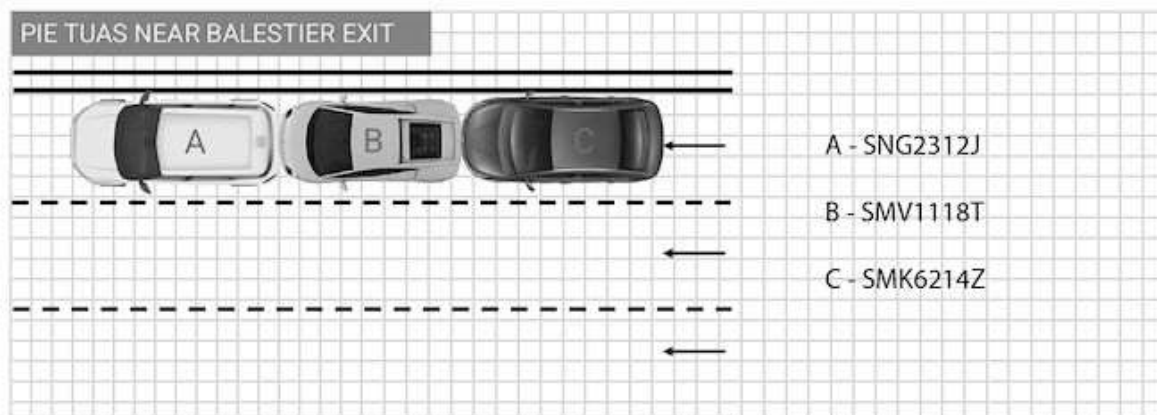
**FLASH ACCIDENT
REPORTING OFFICER
FRO NAZREEN**



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
10/07/2023 2230HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

AS PER POLICE REPORT No.T/20230711/7027.

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

10/07/2023 2230HRS

FLASH ACCIDENT
REPORTING OFFICER
FRO NAZREEN



Witnessed by Reporting Centre
Personnel

































vivo X60 Pro · ZEISS

Jul 10, 2023, 19:16



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Jul 10, 2023, 19:16






**SINGAPORE
POLICE FORCE**


T/20230711/7027

1 of 3

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

Report No. T/20230711/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2023 11:50		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GOH YONG KHIM			Address: 146 YISHUN STREET 11 #08-17 SINGAPORE 760146		
ID Type / ID No.: NRIC NO / S1575197E			Contact No.: Home/Office: Mobile: 98528779		
Nationality: SINGAPORE CITIZEN			Email: AGOH896@GMAIL.COM		
Sex: Male	Age: 59	Date of Birth: 06/08/1963	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/07/2023 19:15	Type of Location: Straight Road
Location: PIE TOWARDS JURONG AFTER TOA PAYOH EXIT				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMA1118T	Car					0
SMK6214Z	Car					0
SNG2312J	Car					1



SINGAPORE POLICE FORCE

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



T/20230711/7027

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Report No. T/20230711/7027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH YONG KHIM	ID No.	S1575197E
Related Vehicle	SNG2312J (Car)	Contact No.	98528779
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/07/2023	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

ON 10/07/2023 AT ABOUT 1915HRS AT ALONG PIE TOWARDS JURONG AFTER TOA PAYOH EXIT. I WAS TRAVELLING ON THE FIRST LANE FROM THE RIGHT AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC HENCE I FOLLOW SUIT. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED, I REALIZED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. IT WAS A CHAIN COLLISION OF 3 VEHICLES INVOLVED.

VEHICLE A: SNG2312J
VEHICLE B: SMA1118T
VEHICLE C: SMK6214Z

**SINGAPORE
POLICE FORCE**

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



T/20230711/7027

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Report No. T/20230711/7027

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

NP168

Signature Of Informant:

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

Date/Time:
11/07/2023 11:50

Classification Of Case:





IMPORTANT NOTE: Please submit the completed Addendum form to the sams Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G237B0005 Vehicle Registration No: SNG2312J
 Name (as shown in NRIC): SINGAPORE ELECTRIC VEHICLES PTE LTD NRIC/FIN/Passport No: 1XXXXX133G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 89098133
 Email Address: _____
 Date of Accident: 10/07/2023 Time of Accident: 19:30
 Place of Accident: PIE, Singapore
 Insurance Company: India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

RE ATTACHED SKETCH PLAN

 Policyholder / Driver's Signature
 Date:

Siti
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 12.07.2023

ISARINC Addendum Form

