

# 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 .....	17/07/2023 13:46 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	16/07/2023 11:45 (SGT)
Exact Location of Accident .....	Robinson Rd, Singapore
Additional Location Information .....	TWDS BOON TAT STREET
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNJ5899Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GOH BENG KWONG
NRIC No .....	S7487570Z
Email Address .....	JERRELGOH@GMAIL.COM
Mobile Phone No .....	(Phone) +65-83885353
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Alphard
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 .....	2500

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5133504216

### DRIVER

Name of Driver .....	GOH BENG KWONG
NRIC No .....	S7487570Z
Date Of Birth .....	24/08/1974
Occupation .....	Outdoor

Date Of Driving Pass .....	20/08/2010
Driving experience .....	12 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83885353
Alt. Phone Number .....	-
Email Address .....	JERRELGOH@GMAIL.COM
Address .....	906 JURONG WEST ST 91 #04-191
Address complement .....	-
Postcode .....	640906
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 .....	Collision - Head to Rear
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) .....	4
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 .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 3

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

REFER TO POLICE REPORT: T/20230717/7037.

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 ..... SND1297S  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 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 ..... VEHICLE B  
 No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... GOH BENG KWONG  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SNJ5899Y  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN****IMPORTANT NOTICE**

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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")

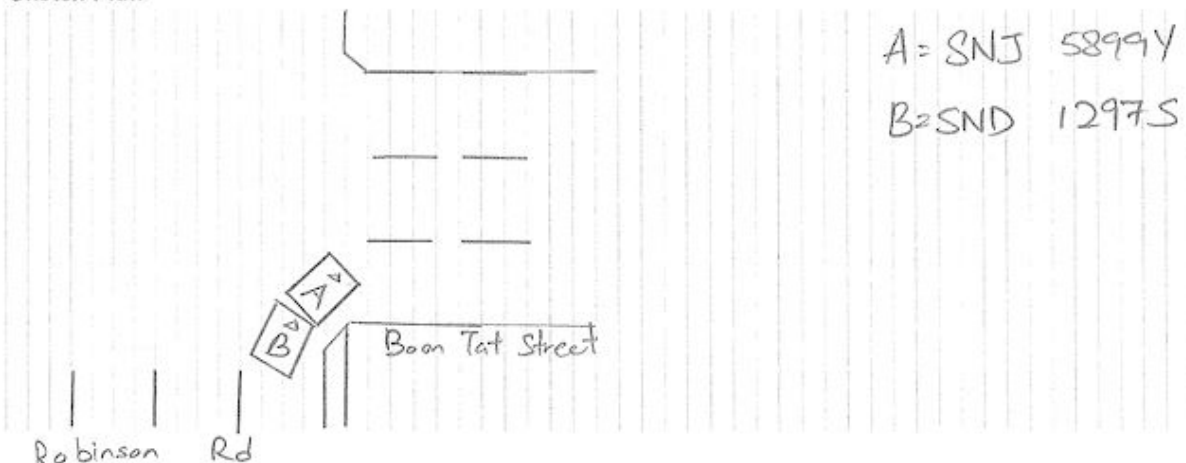
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Please Refer to the police report no. :

T/20230717/7037

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel



TOYOTA MOTOR CORPORATION JAPAN  
MODEL 6AA-AYH30W-PFXRB-C  
ENGINE 2AR-FXE 2493 mL  
FRAME No. AYH30-0152126  
COLOR TRIM PLANT OPTION  
OZO FC21 C31  
TRANS./AXLE P314 871

























**SINGAPORE  
POLICE FORCE**



T/20230717/7037

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

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Report No. T/20230717/7037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/07/2023 12:39		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: GOH BENG KWONG			Address: 906 JURONG WEST STREET 91 #04-191 SINGAPORE 640906		
ID Type / ID No.: NRIC NO / S7487570Z			Contact No.: Home/Office: Mobile: 83885353		
Nationality: SINGAPORE CITIZEN			Email: JERRLGOH@GMAIL.COM		
Sex: Male	Age: 48	Date of Birth: 24/08/1974	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/07/2023 11:45	Type of Location: X-Junction
Location:  ROBINSON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SND1297S	Car	KIA				0
SNJ5899Y	Car	TOYOTA	ALPHARD HYBRID 7-SEATER 2.5 SRC	White	Seriously Damaged	4



**SINGAPORE  
POLICE FORCE**



T/20230717/7037

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

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Report No. T/20230717/7037

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNJ5899Y	NTUC Income Insurance Co-Operative Limited	5133504216	27/01/2023	26/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAMESH S/O M RAMASAMY	ID No.	S7136005I
Related Vehicle	SND1297S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	GOH BENG KWONG	ID No.	S7487570Z
Related Vehicle	SNJ5899Y (Car)	Contact No.	83885353
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	17/07/2023	Date	17/07/2023
No. of Days granted Medical Leave	07	Degree of	Serious

## Brief Details.

ON 16.07.2023 ABOUT 1145HRS. I WAS TRAVELLING ALONG ROBINSON ROAD TOWARD BOON TAT STREET. I WAS STATIONLY DUE TO THE FRONT TRAFFIC. SUDDENLY, THE VEHICLE SND 1297S COLLIDED ONTO REAR PORTION OF MY VEHICLE SNJ 5899Y.

I FELT A PAIN ON MY NECK AND MY BACK AFTER THE ACCIDENT. I WAS GIVEN 7 DAYS MC FROM A LIFE CLINIC PTE LTD.

I HAVE 3 PERSON CUSTOMER IN MY VEHICLE.



**SINGAPORE  
POLICE FORCE**

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



T/20230717/7037

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Report No. T/20230717/7037

**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  
Contact No.: 65476151

Signature Of Informant:

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

Date/Time:  
17/07/2023 12:39

Classification Of Case:

NP168





### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5133504216

**Cover :** drive CLASSIC

- |   |                  |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle  | : SNJ5899Y       |
| Chassis Number  | : AYH300152126   |
| 2. Name of Policyholder   | : GOH BENG KWONG |
| 3. Effective Date of Insurance  | : 27 Jan 2023    |
| 4. Expiry Date of Insurance   | : 26 Jan 2024    |
| 5. Persons or Classes of Persons entitled to drive#   |                  |
| (a) The Policyholder.   |                  |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                  |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                  |
| 6. Limitations as to Use#   |                  |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.  |                  |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: GOH BENG KWONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : PATRONUS PTE. LTD. (00000572664)  
 Date of Issue : 27 Jan 2023 10:24 hrs

For INCOME INSURANCE LIMITED

Chief Executive