

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 17:48 (SGT)
Reported by	Actual Driver
Date of Accident	15/07/2023 03:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BALESTIER ROAD TOWARDS BOON TECK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2189G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	1AXIS PRESTIGE LEASING PTE LTD
Company Reg No	2XXXXX962N
Email Address	reporting.gt@gmail.com
Mobile Phone No	(Phone) +65-96971707
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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 hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00017352200

DRIVER

Name of Driver	GOH JUN XIAN
NRIC No	SXXXX988E
Date Of Birth	26/03/1993
Occupation	Outdoor

Date Of Driving Pass	29/05/2015
Driving experience	8 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98449588
Alt. Phone Number	-
Email Address	alfredgoh933@gmail.com
Address	APT BLK 111 WHAMPOA ROAD
Address complement	# 04-39
Postcode	321111
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	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	3
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	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - E/20230715/7018

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	SLE8795T
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	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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 JUN XIAN
Gender	Male
Phone No	(Phone) +65-98449588
Address	APT BLK 111 WHAMPOA ROAD
Address Complement	# 04-39
Post Code	321111
Approximate Age Years Old	-
Injuries Sustained	HEAD,NECK AND BACK-GIVEN 3 DAYS OF MC
Injured person in which vehicle?	SMC2189G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 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.
5. Consent under the Personal Data Protection Act (PDPA)
- (i) 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.

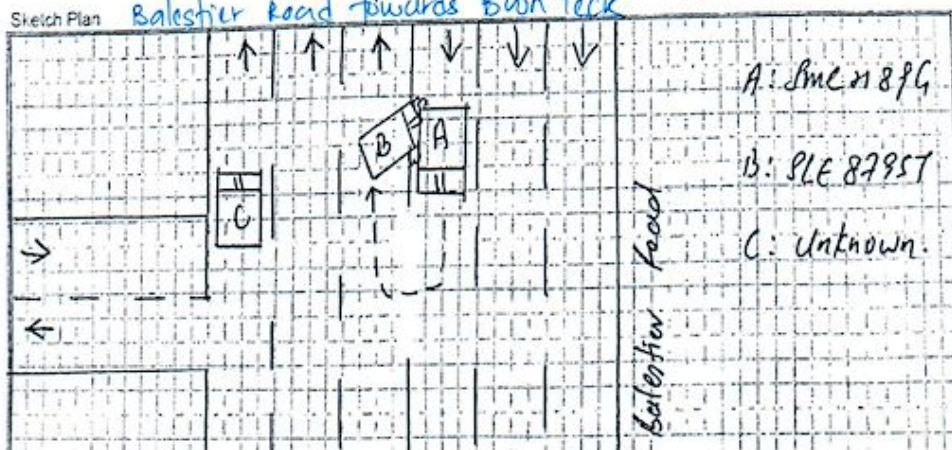


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

Refer to TP Report

E/ 20230715/ 7018

I wish to add on that I was stationary waiting to move off when suddenly vehicle (B) lost control and went up the kerb and hit onto me after being collided with vehicle (C). The road railing also dislodged and collided with my car.

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
17/07/2023

Scanned with CamScanner



**SINGAPORE
POLICE FORCE**



E/20230715/7018

1 of 2

POLICE REPORT (NP299)

Report No. E/20230715/7018

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 15/07/2023 18:08		Vide Report No.		Station Diary No.	
Name Of Informant GOH JUN XIAN		Address 111 WHAMPOA ROAD #04-39 SINGAPORE 321111			
ID Type / ID No. NRIC NO / S9309988E		Contact No. Home/Office: Mobile: 98449588			
Nationality SINGAPORE CITIZEN		Email Address ALFREDGOH933@GMAIL.COM			
Occupation Private-hire car driver		Sex Male	Age 30	Date of Birth 26/03/1993	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 15/07/2023 00:00 - 15/07/2023 03:00		Location Of Incident 111 WHAMPOA ROAD #04-39 SINGAPORE 321111			

Brief details.

Car accident along Balestier Road at around 15/7/2023 3am, I was driving straight and suddenly car SLE8795T bang across over the barrier and hit the side of my car onto my driver seat door, my car was damage and I am injured. I was given 3 days MC for my injury.

Subjects Involved			
Victim			
Person Name	GOH JUN XIAN		
ID Type	NRIC NO	ID No	S9309988E

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/07/2023 18:08
Officer In-Charge Of Case:	Classification Of Case:









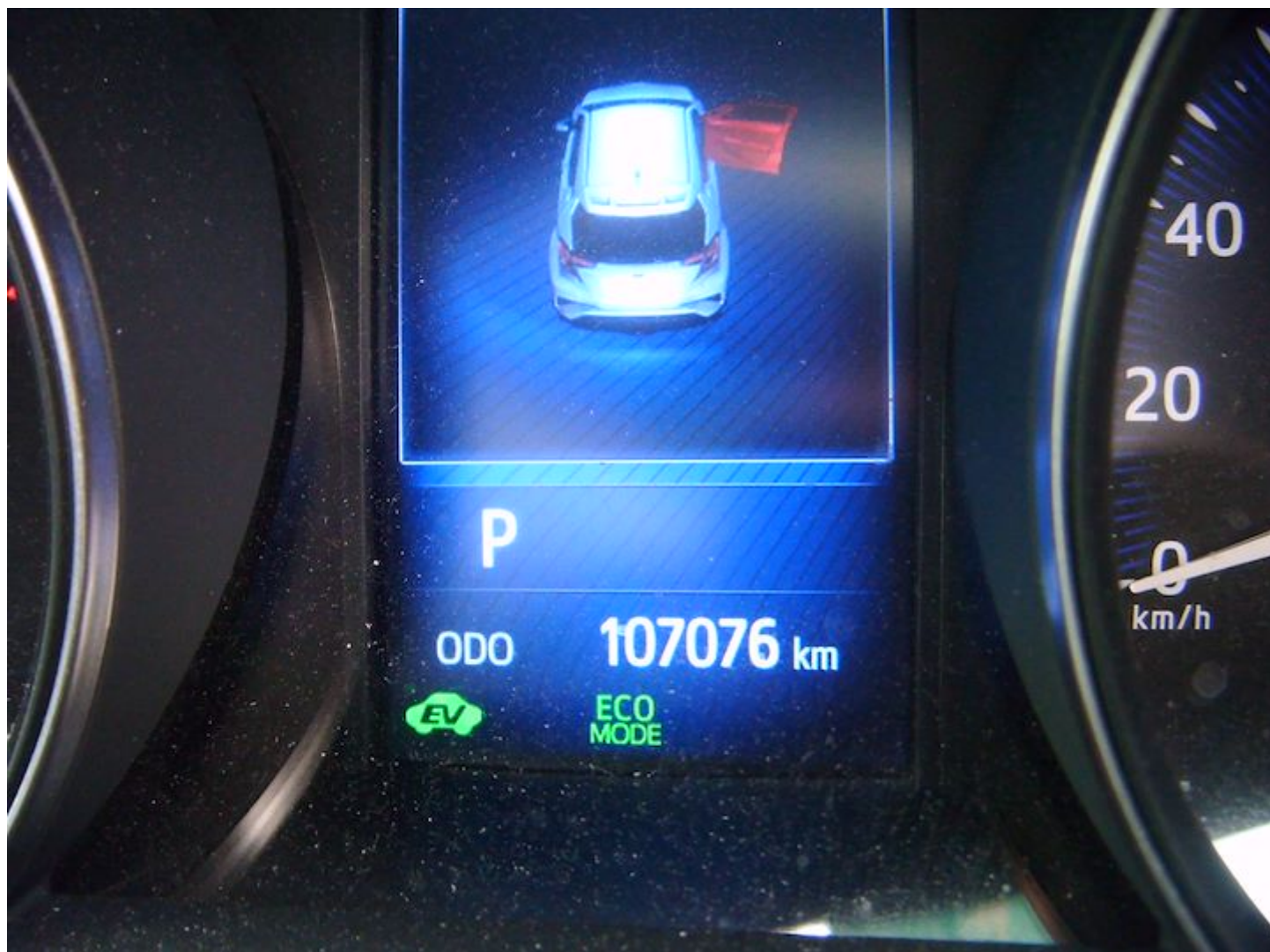
















**SINGAPORE
POLICE FORCE**



E/20230715/7018

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Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20230715/7018

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20230715/7018

Gender	Male	Age	30
Race	Chinese	Language	English
Occupation	Private-hire car driver	Address	111 WHAMPOA ROAD #04-39 SINGAPORE 321111
Mobile No	98449588	Is Informant A Victim?	Yes
Person Name	GOH JUN XIAN (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
15/07/2023 18:08

Classification Of Case:

