

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 First Submission	27/08/2024 17:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/08/2024 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TRAFFIC LIGHT JUNCTION AT SEMBAWANG ROAD/YISHUN AVE 1/MANDAI AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5390M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG JIT HOCK @SAID ALWI ANG
NRIC No	SXXXX172J
Email Address	lewis.ang@shangri-la.com
Mobile Phone No	(Phone) +65-96743764
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS ELEGANCE
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5010280

DRIVER

Name of Driver	ANG JIT HOCK @SAID ALWI ANG
NRIC No	SXXXX172J
Date Of Birth	07/03/1964
Occupation	Indoor
Driving Pass Date	27/03/1985
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	39 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96743764
Alt. Phone Number	-
Email Address	lewis.ang@shangri-la.com
Address	BLK 410 SEMBAWANG DRIVE #10-768
Address complement	-
Postcode	750410
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 - Change/cross lane
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

REFER TO POLICE REPORT.

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 22024MID
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Government
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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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.

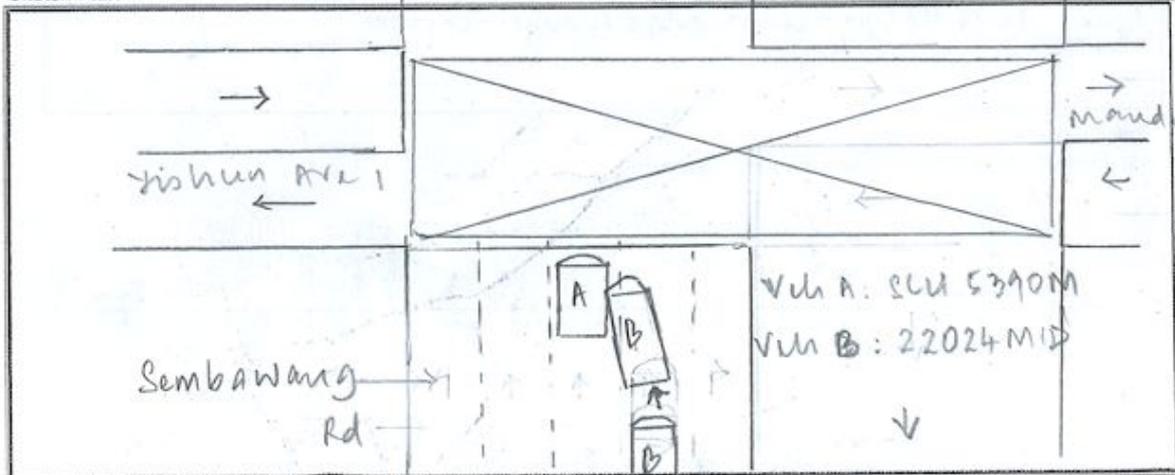
[Handwritten Signature]
 Policyholder's Signature / Date & Time

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

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



Sketch Plan



vJun2022

Describe Circumstance of the Accident

refer to police report

lpax - 96743764 - Lewis.ang@shangri-la.com

Declaration

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

[Handwritten Signature]
27/06/2022

Policyholder's Signature / Date & Time

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



[Handwritten Signature]
Florence
Woh

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











**SINGAPORE
POLICE FORCE**



T/20240826/7077

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

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Report No. T/20240826/7077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2024 15:13	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: Ang jit Hock		Address: 410 Sembawang Drive #10-768 HDB SINGAPORE 750410	
ID Type / ID No.: NRIC NO / S1669172J		Contact No.: Home/Office: Mobile: 96743764	
Nationality: SINGAPORE CITIZEN		Email: lewis.ang@shangri-la.com	
Sex: Male	Age: 60	Date of Birth: 07/03/1964	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Accountant (excluding tax accountant)		Driving Licence Information: Class:	Date of Expiry:

General information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 26/08/2024 07:30	Type of Location: X-Junction
Location: CHENCHARU LINK				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU5390M	Motor car	TOYOTA	COROLLA ALTIS ELEGANCE AUTO	White	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLU5390M	GREAT EASTERN GENERAL INSURANCE LIMITED	V5010280	02/12/2022	05/12/2024



**SINGAPORE
POLICE FORCE**



T/20240826/7077

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

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Report No. T/20240826/7077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Ang jit Hock	ID No.	S1669172J
Related Vehicle	SLU5390M (Motor car)	Contact No.	96743764
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

This morning about 730am , I was driving towards town along sembawang road. At the junction of Chencharu Link , I stopped as it was red light, the lane on my left was green to turn right. Army truck 22024MID which was on my right side next to me, intend to turn right into Mandai Ave and scratched onto my car right side damaging the doors and broke the side mirror.



**SINGAPORE
POLICE FORCE**

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



T/20240826/7077

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Report No. T/20240826/7077

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 26/08/2024 15:13
Classification Of Case: