

## 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 Authorised 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 ability.
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 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 Report	31/10/2017 17:10
Date Of Accident	30/10/2017 03:20
Exact Location Of Accident	ANG MO KIO AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1200Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG KIAN HUAT
NRIC No	S1742638I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93435566
Alternative Phone No	OTHERS-93435566

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MV004875
Cover Note Number	06/06/2017 - 17/05/2018

### Driver

Name of Driver	ANG KIAN HUAT
NRIC No	S1742638I
Date Of Birth	09/01/1966
Occupation	INDOOR
Date Of Driving Pass	28/09/1983
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93435566
Fax Number	
Contact Number	OTHERS-93435566
Email Address	NOEMAIL

Address	BLK 427 ANG MI KIO AVE 3 #06-2612
Postcode	560427
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 81 ANG MO KIO AVE 3 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4519999 - <b>FAX NO:</b> 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER. VEHICLE IS AT TRAFFIC POLICE COMPOUND. WILL DO ADDENDUM & UPLOADING OF PHOTO VEHICLE.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF INJURED PERSON 1

Name	ANG KIAN HUAT
Approximate Age	
Injuries Sustain	CHEST PAIN, LEG BRUISES & SWOLLEN
Injured person in which vehicle?	SLM1200Y
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan Pg. 1


### SKETCH PLAN

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Sketch Plan Pg. 2

Date of accident: 30/10/17 Time: 0320 Location: Ang Morkio Ave 10  
My Vehicle A: SUM 1200Y Vehicle B: \_\_\_\_\_ Vehicle C: \_\_\_\_\_  
SKETCH PLAN \_\_\_\_\_

### SKETCH PLAN

Penmanship School

A B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :  
Efile

My workshop :

Email address :

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&myself :
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Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre No. \_\_\_\_\_ and Signature \_\_\_\_\_

Name:

NRIC/FIN No.:

AN LIN MOTOR COMPANY



**SINGAPORE  
POLICE FORCE**



F/20171030/2092

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20171030/2092

Police Station Of Origin  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

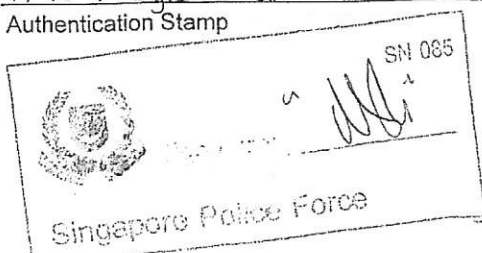
Date/Time Report Made 30/10/2017 13:28	Vide Report No. F/20171030/0062	Station Diary No. 77
Name Of Informant ANG KIAN HUAT	Address APT BLK 427 ANG MO KIO AVENUE 3 #06-2612 SINGAPORE 560427	
ID Type / ID No. NRIC NO / S17426381	Contact No. Home/Office Mobile 93495566	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Carpenter	Sex Male	Age 51
Institution/School Name	Date of BIRTH 09/01/1966	Race Chinese
Date/Time Of Incident 30/10/2017 03:20	Location Of Incident ANG MO KIO AVENUE 10 SINGAPORE	

**Brief details.**

On 30/10/17 at about 0320hrs I was driving my vehicle SLM1200Y along Ang Mo Kio Avenue 10. While I was near to a bus stop beside Blk 409 AMK Market, there was some smoke coming out from the front bonnet. I quickly braked and my vehicle mount the kerb. The fire started from the front bonnet as such I came out from the vehicle and asked around for help. A passer-by helped to call for the police. As I was in state of shock I left the place after seeking advice from my friend. Around 0530hrs I went back the incident location however my vehicle was no longer there. I am lodging this report for my own record purpose.

Signature Of Officer Recording The Report: F / Sgt 2 RAMESH S/O KOLILINGAM
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: F / Ang Mo Kio South N.P.C / Sgt 2 RAMESH S/O KOLILINGAM Contact No.: 64519999 TP 10 : Dylan Mah
Authentication Stamp

Signature Of Informant: #
Date/Time: 30/10/2017 13:28
Classification Of Case:





**SINGAPORE  
POLICE FORCE**



F/20171030/2092

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20171030/2092

Signature Of Officer Recording The Report: F / Sgt 2 RAMESH S/O KOLILINGAM	
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case: F / Ang Mo Kio South N.P.C / Sgt 2 RAMESH S/O KOLILINGAM Contact No.: 64519999	

Signature Of Informant:	
Date/Time:	30/10/2017 13:28
Classification Of Case:	

Authentication Stamp

