

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	30/11/2017 14:27
Date Of Accident	29/11/2017 17:35
Exact Location Of Accident	PIE OUTSIDE NANYANG DRIVE LAMPOST 1964
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJH4256S
Insured/Policyholder	
Name Of Registered Owner	WOO BO SHENG
NRIC No	S8328093Z
Email Address	ANG.YIXUAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97365430
Alternative Phone No	OTHERS-96399175
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.8 L (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1550821701
Cover Note Number	
Driver	
Name of Driver	ANG YI XUAN(HONG YIXUAN)
NRIC No	S8430550B
Date Of Birth	21/09/1984
Occupation	INDOOR
Date Of Driving Pass	10/07/2003
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96399175
Fax Number	
Contact Number	OTHERS-97365430
EEmail Address	ANG.YIXUAN@YAHOO.COM

Address	3 CLOVER WAY
Postcode	579100
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	YES
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171130/2060

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD7874J
Vehicle Make/Model/Colour	BLACK MASERATI
Details Of Properties	
Name of Driver	FADLI SHAIKUDDIN BIN MOHAMED SANI
NRIC/Passport Number	S8741260A
Contact Number	98560587
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR3557D
Vehicle Make/Model/Colour	BLACK MERCEDES
Details Of Properties	
Name of Driver	LOO SHENG RONG JASPER
NRIC/Passport Number	S8408840D
Contact Number	81985131
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	ANG YI XUAN(HONG YIXUAN)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJH4256S
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

Veh A: SJH 4256 S

Veh B: SJD 7874 J

Veh C: SLR 3557 D


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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.
- (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: 30/11/2017
12.30pm


Reporting Centre Personel's Signature
Name: Roshni Winters
NRIC/FIN No.:

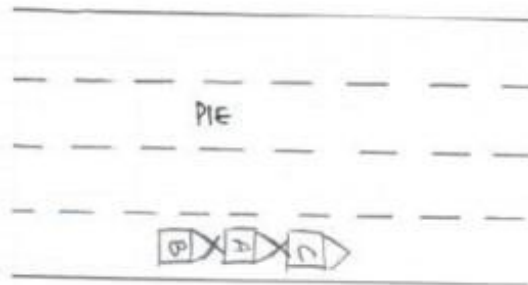
Sketch Plan #2

SKETCH PLAN

Veh A: SJH 4256 S

Veh B: SID 7874 J

Veh C: 9LR35570



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report: T/2017/130/2060

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: 30/11/2017
12:30pm

30 Jul 2017
Reporting Centre Personnel's Signature
Name: Rosalee Wotton
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171130/2060

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No: T/20171130/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2017 13:19	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars			
Name of Informant: ANG YI XUAN		Address: 31 CLOVER WAY SINGAPORE 579100	
ID Type / ID No.: NRIC NO / S8430550B		Contact No.: Home/Office: Mobile: 96399174	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 33	Date of Birth: 21/09/1984	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Policy and planning manager		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/11/2017 17:35	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 NANYANG DRIVE				
PIE towards KHE outside Nanyang Dr LP: 1964				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD7674J	Car				Slightly Damaged	0
SJH4256S	Car				Seriously Damaged	0
SLR3557D	Car				Slightly Damaged	0

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171130/2060

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20171130/2060

CONTINUATION OF REPORT

Brief Details.

On 29/11/2017 at about 1736hrs, I was driving along PIE towards KJE (Outside NanyangDr) LP 1964 , a vehicle(SLR 3557D) in front of me made a sudden break, and while I was about to break, vehicle (SJD7874J) behind me, collided to the back of my vehicle as he unable to stop in time. . My car back bonnet was seriously damaged and front bumper was slightly dislodge. Vehicle (SJD7874J) front bonnet was slight damaged and Vehicle (SLR3557D) had some scratches at his back of his car.

I went to Mt Elizabeth Hospital as I felt pain on my right shoulder and was given 5 days MC from 29/11/2017 to 03/12/2017.

Traffic police was at scene and no ambulance was at scene. I am unsure if there is any CCTV around the vicinity and I do not have any in built camera inside my car.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20171130/2060

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20171130/2060

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /
Sgt 1 LIM TIAN WEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/11/2017 13:19

Officer In Charge Of Case:
TP / GIT /
Staff Sgt LEE GUANG HUI
Contact No: 65476138

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



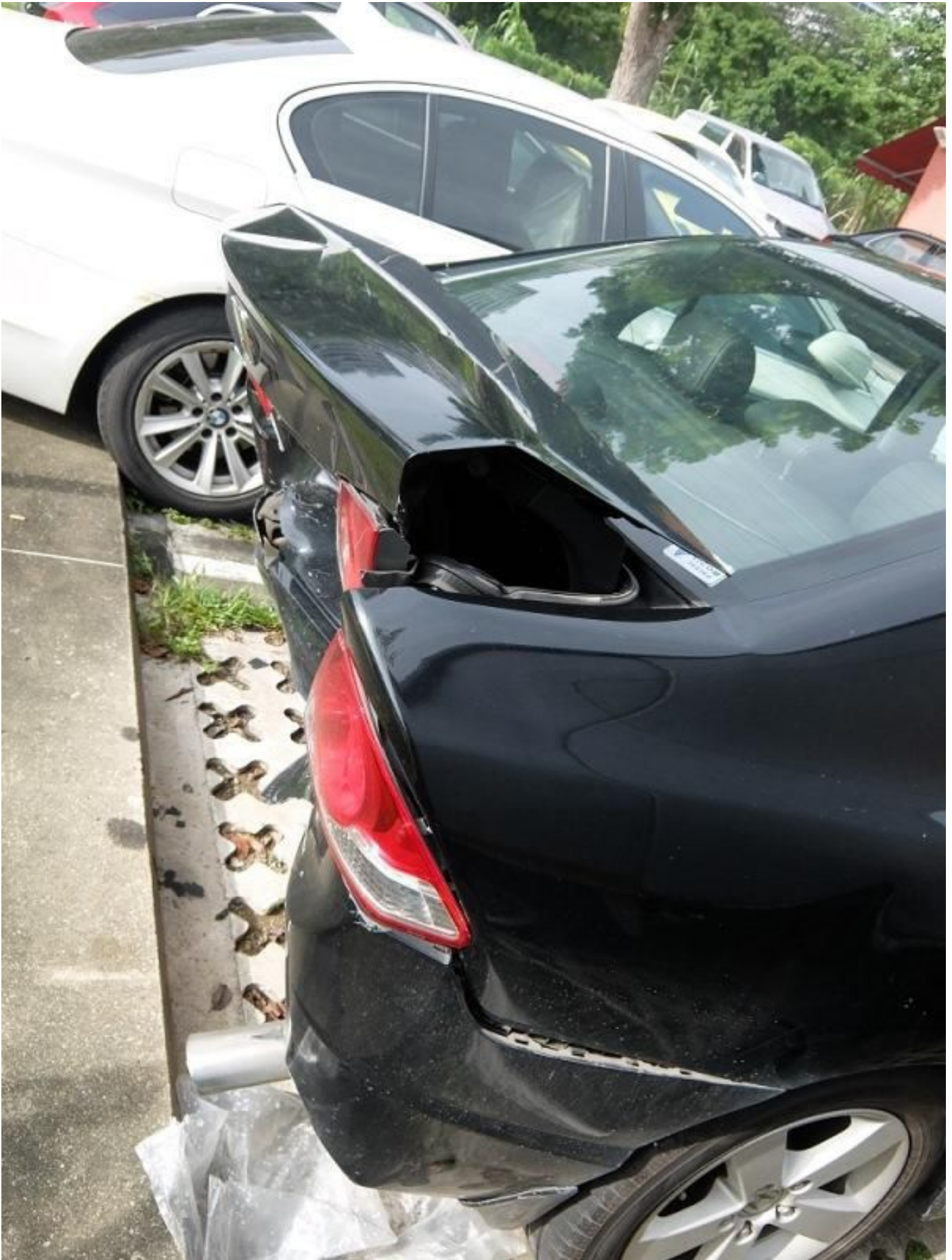
Accident Photo



Accident Photo



Accident Photo



Accident Photo



