

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 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	05/02/2018 12:29
Date Of Accident	03/02/2018 08:30
Exact Location Of Accident	JCT OF BUKIT TIMAH RD AND CAVENAGH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ5849E
Insured/Policyholder	
Name Of Registered Owner	ANG KAH HIN
NRIC No	S0200683I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97517480
Alternative Phone No	OTHERS-97517480

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE-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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	ANG KAH HIN
NRIC No	S0200683I
Date Of Birth	02/09/1954
Occupation	INDOOR
Date Of Driving Pass	18/08/1972
Driving Experience	45 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97517480
Fax Number	
Contact Number	OTHERS-97517480
Email Address	NOEMAIL

Address	BLK 459 UPPER EAST COAST ROAD #03-02
Postcode	
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN/POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

Details of Witness 1

Name	MAGGIE LIM
Phone Number	94884228
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD2767M
Vehicle Make/Model/Colour	YAMAHA T135
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN


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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.

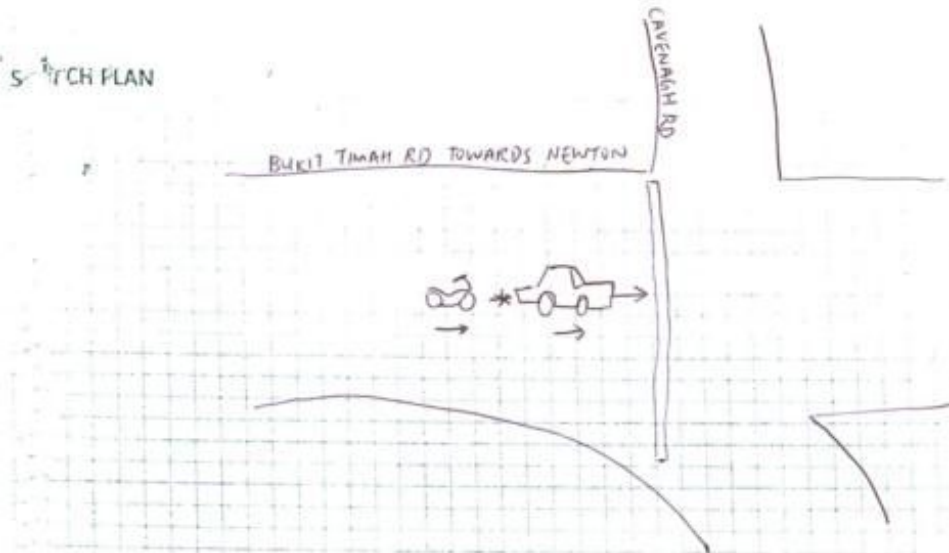

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: Sekani
NRIC/FIN No.: S80403776

Sketch Plan #2

SKETCH PLAN



DISCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/02/2018 at about 8.30 a.m., I was travelling along Bukit Timah Rd towards Newton when the traffic was heavy. The traffic light at the junction of Bukit Timah Rd and Cavenagh Rd was red so I formed up and stopped. When the said traffic light turned green, only a few cars managed to pass. The said traffic light turned red even before I reached the arrow on the ground. As such, I slowly pulled to a stop before the stop line.


Suddenly, I felt a bump from behind my car and I got a shock. As soon as I recovered from the shock, I came down and saw that a motorcycle with a male rider and female pillion had hit the back of my car. The female pillion was bleeding on the head and the lady from the car behind me came down to render assistance. I quickly went back to the car to take my handphone and called for an ambulance. Ambulance and traffic police came. The male rider and his pillion were conveyed to hospital.

The lady driver from the car behind me is willing to step up as a witness. The traffic police officer advised me to lodge a police report which I did. My in-car cameras captured both the front and rear view during the incident.

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:


Reporting Centre Personnel's Signature
Name: John
NRIC/FIN No.: S8040377A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



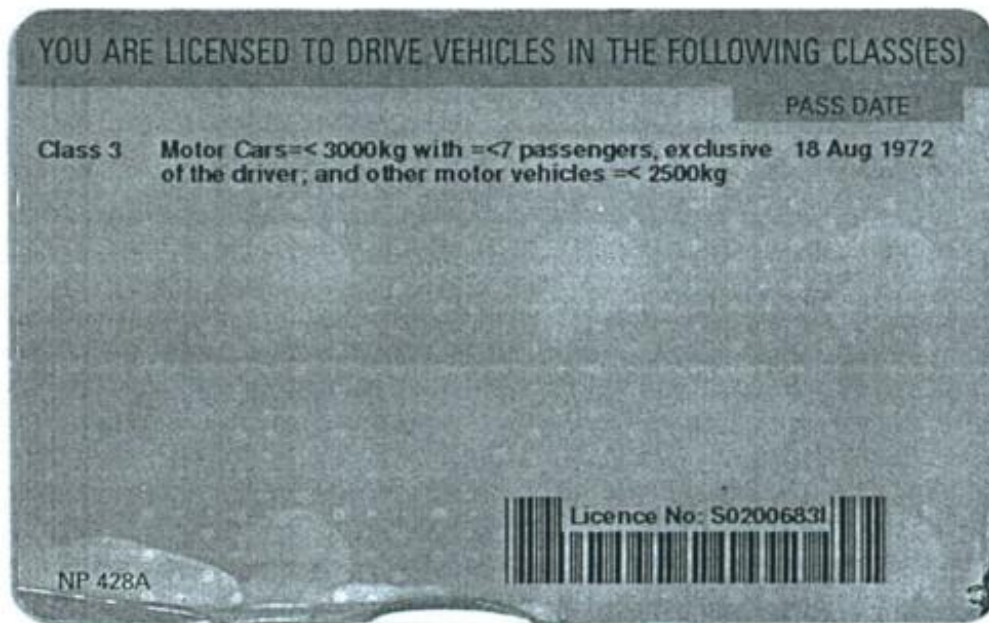
Accident Photo



Driving License



Driving License



Insurance policy



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

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

GST Reg No. M4-0003030-8

Policy Number	: 5095686100		
The Policyholder	: ANG KAH HIN		
	459 UPPER EAST COAST RD		
	#03-02 THE SUMMIT		
	SINGAPORE 466504		
Period of Insurance	: 09 Dec 2017 To 08 Dec 2018		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$820.21		
Interest Insured			
Cover Type	: drive CLASSIC		
Primary Driver	: ANG KAH HIN		
Named Driver (1)	: ANG LILING JANE		
Named Driver (2)	: N/A		
Make/Model	: CHEVROLET/CRUZE	Capacity	: 1600cc
Registration Number	: SJZ5849E	Registration Year	: 2010
Chassis Number	: KL1JA6961BK054469	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 50%
Excess (Section 2)	: N/A	NCD Protection	: Yes
Windscreen Excess	: S\$100	Loyalty Discount	: 5%
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		
Memo A : N/A			
Endorsement Operative : M4			
Agency	: ALPINE CREDIT PTE LTD (00000610144)		
Date of Issue	: 09 Nov 2017 15:18 hrs		

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

Police Report



**SINGAPORE
POLICE FORCE**



T/20180203/2079

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No. T/20180203/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2018 13:08	Vide Report No.:	Station Diary No.: 53
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Informant's Particulars

Name of Informant: ANG KAH HIN			Address: 459 UPPER EAST COAST ROAD #03-02 SINGAPORE 466504		
ID Type / ID No.: NRIC NO / S02006831			Contact No.: Home/Office: Mobile: 97517480		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 02/09/1954	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Retiree			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/02/2018 08:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUKIT TIMAH ROAD CAVENAGH ROAD RIGHT BEFORE SAID JUNCTION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD2767M	Motorcycle				Slightly Damaged	1
SJZ5849E	Car	CHEVROLET	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20180203/2079

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 3

Report No. T/20180203/2079

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ5849E	NTUC Income Insurance Co-Operative Limited	5095686100	09/12/2017	08/12/2018

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG KAH HIN		ID No. S0200683I
Related Vehicle	NIL		Contact No. 97517480
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On the abovementioned date and time, I was driving along Bukit Timah Road towards Newton. At the said junction, when the traffic light turned green, the vehicles on my lane started moving. However, before I could make it past the traffic light, the light turned red. Thus, I slowly came to a stop before the line. Shortly after, I felt a bump at the back of my vehicle (SJZ5849E).

I exited my vehicle and saw a motorcyclist and a passenger injured, and his motorcycle (FBD2767M) on the floor. The motorcyclist requested for medical attention, so I called for an ambulance. I stayed at the scene of accident until the ambulance and traffic police arrived. I only left the scene after being given the permission by the traffic police.

I would also like to add that I have camera footages capturing images of both the front and back of my vehicle.

Ref E/20180203/0069

Police Report



**SINGAPORE
POLICE FORCE**



T/20180203/2079

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

3 of 3

Report No. T/20180203/2079

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:

F /

ALAN KOH ZHENG YONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Signature Of Informant:

Date/Time:

03/02/2018 13:08

Classification Of Case:

Authentication Stamp

NP168