

## 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 18:33
Date Of Accident	04/02/2018 13:30
Exact Location Of Accident	PUNGGOL SAFRA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG668M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COOLGURT
Co Reg No	53208356C
Email Address	JSACAFE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92331907
Alternative Phone No	OFFICE-92331907

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 (A)

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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-006410
Cover Note Number	

### Driver

Name of Driver	ANG KAR CHOON
NRIC No	S7929485C
Date Of Birth	27/09/1979
Occupation	INDOOR
Date Of Driving Pass	06/08/1998
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96869563
Fax Number	
Contact Number	
EMail Address	FLOTILLA_ANG@YAHOO.COM

Address	BLK 915 HOUGANG ST 91 #02-12
Postcode	530915
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - COMPANY OWNER'S HUSBAND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	KEBUN BARU NPP
Police Station Address	ROAD: 111 ANG MO KIO AVE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV8906A
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOO WENDY
NRIC/Passport Number	S7522604G
Contact Number	97991088
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**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: 5 FEB 18 @ 2:15pm

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

## SKETCH PLAN

- Please refer to sketch -

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date in the statement, I was reversing my van (C-BG 668M) out from Punggol Safran car park. As I have verified that my blindspots are clear of danger, I proceeded to reverse in a slow manner. Just as my vehicle was almost halfway out from the lot and with my back of the vehicle parallel to the oncoming cars, vehicle (STV 8906A) suddenly smashed her car into my rear.

From my in-car camera, it is obvious that she was speeding and had no intention to stop nor slow down. There was no horn heard and there were no tyre marks on the road.

Impact was on the rear ~~right~~ left hand side of my cargo van. Her damage is on the left front corner.

## DECLARATION

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

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Driver's Signature

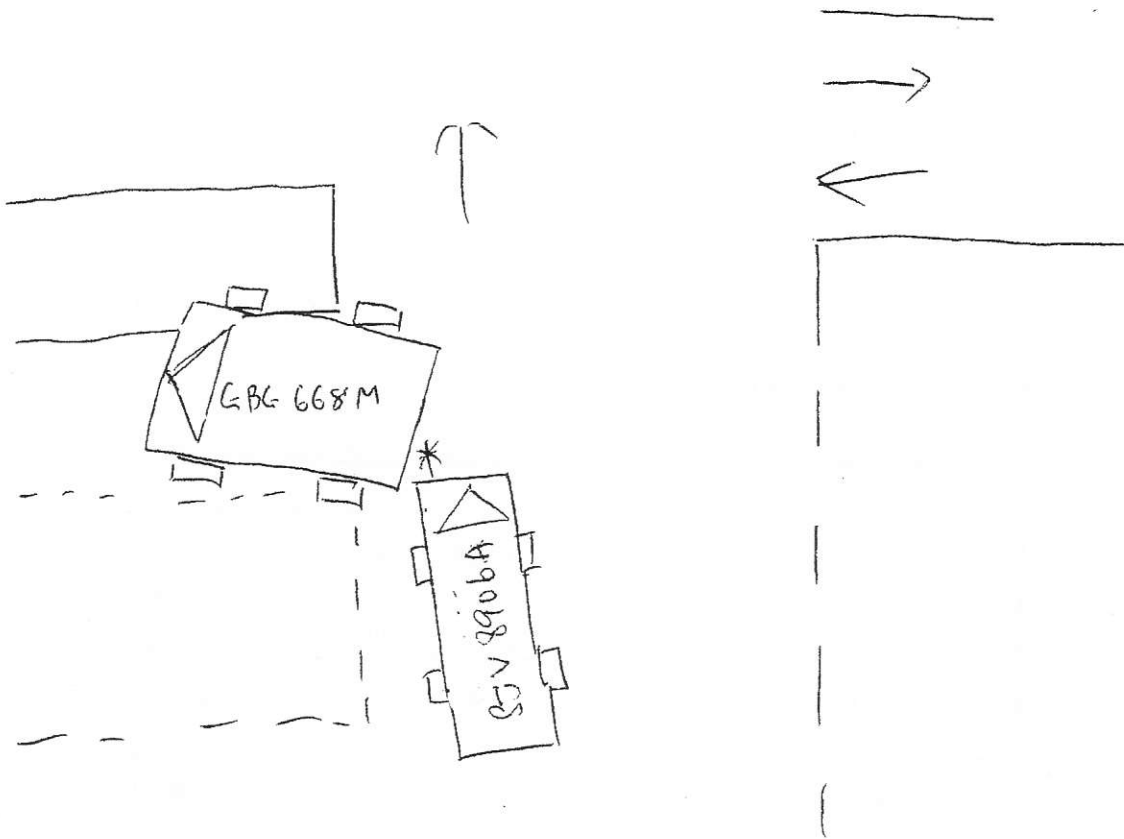
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



A: GBG 668 M.

B: SJV 8906 A.

*[Signature]*



**SINGAPORE  
POLICE FORCE**



T/20180214/2093

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

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Report No. T/20180214/2093

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/02/2018 14:16		Vide Report No.:		Station Diary No.: 12	
<b>Informant's Particulars</b>					
Name of Informant: ANG KAR CHOON			Address: APT BLK 915 HOUGANG STREET 91 #02-12 SINGAPORE 530915		
ID Type / ID No.: NRIC-NO / S7929485C			Contact No.: Home/Office: Mobile: 96869563		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 27/09/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/02/2018 13:30	Type of Location: Car Park
Location:  SENTUL CRESCENT  Basement Carpark of SAFRA Punggol, 9 Sentul Crescent Singapore 828654				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
GBG668M	Van	NISSAN	MV350	Black	Slightly Damaged	0
SJV8906A	Car	VOLKSWAGO N		Red	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180214/2093

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Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

Report No. T/20180214/2093

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ANG KAR CHOON		ID No. S7929485C
Related Vehicle	NIL		Contact No. 96869563
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	TOO WENDY		ID No. S7522604G
Related Vehicle	NIL		Contact No. 97991088
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	NIL	Degree of Injury	NIL

**Brief Details.**

On 04/02/2018 at about 1.30pm, I was on board my vehicle (GBG668M) at the basement carpark of SAFRA Punggol. I was intending to reverse out from carpark lot no. 17. Before doing so, I had checked from any oncoming traffic and had ensured that there were no vehicles along the road. I had an extra blind spot mirror installed at my side mirror.

At one point, while I was reversing out gradually, another vehicle (SVJ8906A) suddenly came from my rear left and collided into the rear left portion of my vehicle. Both vehicle immediately came to a stop and the driver and I alighted from the vehicle to exchange particulars. The other driver had 2 young children with her and they were all not injured. It was then agreed for us to settle the matter via claiming from her insurance company before we left separately.

Initially, everything went smoothly. However, I was later informed that the other driver had claimed against my insurance company instead and indicated that I was at fault for the accident. I was also informed that a traffic accident report had been lodged against me.

I wish to state that I had done my due diligence to ensure that there were no oncoming traffic before I reversed my van out. I also state that due to the accident, the rear left portion of my vehicle had dent marks. In addition, I was not injured during the accident. I further state that I am lodging a traffic accident report for my own record purpose.





**SINGAPORE  
POLICE FORCE**



T/20180214/2093

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Report No. T/20180214/2093

Police Station Of Origin:  
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Tel No: 1800-4589999

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20180214/2093

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

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Report No. T/20180214/2093

## 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 /  
Staff Sgt MUHAMMAD FAHMY BIN RAZALI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/02/2018 14:16

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Classification Of Case:

SN 085

Authentication Stamp  
NP168



Signature :

Singapore Police Force

# Addendum Sheet Pg. 1



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
5 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MKKH18018044 Vehicle Registration No: GBG 668M  
Name (as shown in NRIC) : ANG KAR CHUAN NRIC/FIN/Passport No : S7929485C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96869563  
Email Address : \_\_\_\_\_  
Date of Accident : 4-2-2018 Time of Accident : 13:30 HRS  
Place of Accident : PUNGGOL SAFRA  
Insurance Company: EQ

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I WOULD LIKE TO CHANGE TO "OWN DAMAGE"  
CLAIM AND SUBMIT MY POLICE REPORT.

[Signature]  
Policyholder / Driver's Signature  
Date:

[Signature]  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: 14/2/18