

## 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	07/03/2018 13:40
Date Of Accident	03/03/2018 18:55
Exact Location Of Accident	JUNC OF FORT RD & TG RHU RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ1177L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG LAY BEE VICTORIA
NRIC No	S1599266B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96337519
Alternative Phone No	OFFICE-96337519

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180 KOMPRESSION
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-003373
Cover Note Number	-

### Driver

Name of Driver	ANG LAY BEE VICTORIA
NRIC No	S1599266B
Date Of Birth	13/08/1963
Occupation	INDOOR
Date Of Driving Pass	02/11/1988
Driving Experience	29 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96337519
Fax Number	
Contact Number	OFFICE-96337519
Email Address	NOEMAIL

Address	2 FLORA DRIVE #08-10 2B CARISSA PARK
Postcode	507025
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 - CHANGE/CROSS LANE
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?	NO
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	XD4420P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ANG LAY BEE VICTORIA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJZ1177L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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. 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:

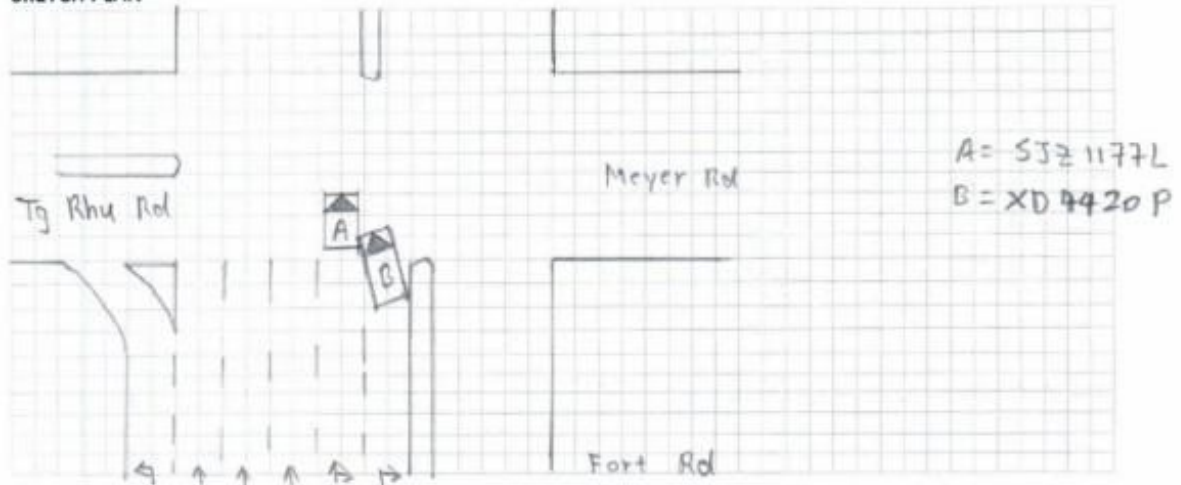
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## 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:

NRIC/FIN No.:

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180305/2128

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 3

Report No. T/20180305/2128

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2018 18:13		Vide Report No.:		Station Diary No.: 88	
<b>Informant's Particulars</b>					
Name of Informant: ANG LAY BEE VICTORIA			Address: 2 FLORA DRIVE #08-10 2B CARISSA PARK SINGAPORE 507025		
ID Type / ID No.: NRIC NO / S1599266B			Contact No.: Home/Office: Mobile: 96337519		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 54	Date of Birth: 13/08/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2018 18:55	Type of Location:
Location: Junction of Road 1 and Road 2 TANJONG RHU ROAD MOUNTBATTEN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ1177L	Car	MERCEDES BENZ	C 180 KOMPRESSOR	Grey	Seriously Damaged	0
XD4420P	Truck					0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180305/2128

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Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180305/21

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ1177L	EQ INSURANCE COMPANY LTD.	DMPPHQ17-003373	22/07/2017	21/07/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ANG LAY BEE VICTORIA		ID No.	S1599266B
Related Vehicle	SJZ1177L (Car)		Contact No.	96337519
Hospital/Clinic	Horizon Medical Pte Ltd		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/03/2018		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight

### Brief Details.

On 03/03/2018 at about 1855hrs, I was driving my vehicle bearing registration number SJZ1177L on the second lane along Tanjong Rhu Road. As I reached the junction, the traffic light was red and I stopped my vehicle. There was a truck XD4420P stopped on my right side of my lane. When the traffic light shows green, I moved off my vehicle and suddenly I heard the bang sound coming from my right side of my vehicle. I then came out from my vehicle and look at the damage on the right rear door till the side of the boot. I then proceed to follow the truck. As I do not want to hold the heavy traffic congestion at the junction, I moved forward to get to the left side of the road. I then saw the truck that collided with my vehicle stopping in front of me. The truck driver called his supervisor and his supervisor came down. At that point of time I did not feel any pain. On 05/03/2018, I went to the clinic as my body felt pain and was given medication and 3 days mc from Horizon Medical Pte Ltd.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180305/2128

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20180305/2128

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:  
G /  
Sgt 3 AHMAD RAZALI BIN JAMIL

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/03/2018 18:13

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

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

