

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	25/06/2018 18:08
Date Of Accident	24/06/2018 15:30
Exact Location Of Accident	CTE EXIT 12B BEOFRE ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM1035S
Insured/Policyholder	
Name Of Registered Owner	ANG TAU NGEE
NRIC No	S1227137I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86119699
Alternative Phone No	OFFICE-86119699

Vehicle Particulars

Manufacturer	PROTON
Model	WIRA1.5M
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC17S015469
Cover Note Number	

Driver

Name of Driver	ANG EE LIN
NRIC No	S9413932E
Date Of Birth	17/04/1994
Occupation	INDOOR
Date Of Driving Pass	22/08/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86119699
Fax Number	
Contact Number	
EMail Address	EELIN009@GMAIL.COM

Address	BLK 601 HOUGANG AVENUE 4 #09-111
Postcode	530601
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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)	2
Passenger 1	NAME: : ANG CHING SIANG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BUKIT MERAH EAST NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180625/2063 LODGED AT BUKIT MERAH EAST NPC. ON THE MENTIONED DATE AND TIME, I WAS DRIVING MY CAR ALONG CTE TOWARDS SLE/TPE. I EXITED AT EXIT 12B (ANG MO KIO AVENUE 5). I STOPPED AT THE STOP LINE TO GIVE WAY TO THE TRAFFIC AT THE MAIN ROAD (ANG MO KIO AVENUE 5). ABOUT 1 MINUTE LATER, ANOTHER CAR SUDDENLY HIT ME FROM BEHIND. I THINK THAT THE DRIVER OF THAT CAR BEHIND MIGHT HAVE ANTICIPATED FOR ME TO MOVE FORWARD, WHICH I DID NOT AS I SAW A CAR APPROACHING AT ANG MO KIO AVENUE 5 AT QUITE A HIGH SPEED FROM MY JUDGEMENT. WE EXCHANGED PARTICULARS AND LEFT THE SCENE. THERE IS QUITE A BIG DENT ON MY CAR'S REAR. FROM WHAT I SEE, THERE IS NO DAMAGE ON THE OTHER CAR. NO POLICE OR AMBULANCE WAS CALLED FOR. MY PASSENGER AND I VISITED A CLINIC ON THE SAME DAY EVENING AS WE FELT SOME PAIN. I FELT SOME ACHE ON MY NECK. MY PASSENGER FELT SOME ACHE ON THE NECK AND WAIST (MY PASSENGER WAS SITTING AT THE BACK SEAT). WE WERE BOTH GIVEN 3 DAYS MC. THAT IS ALL.

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	SJT6902J
Vehicle Make/Model/Colour	HYUNDAI/AVANTE 1.6/PURPLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MORALES ANTONIO GRACIA

NRIC/Passport Number	S1351554I
Contact Number	94761387
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	ANG EE LIN
Approximate Age	
Injuries Sustain	SOME ACHE ON NECK
Injured person in which vehicle?	SGM1035S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ANG CHING SIANG
Approximate Age	
Injuries Sustain	SOME ACHE ON THE NECK AND WAIST
Injured person in which vehicle?	SGM1035S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

IMPORTANT NOTICE

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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.
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 be 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 making 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.
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 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.

Uthir 25/6/2018

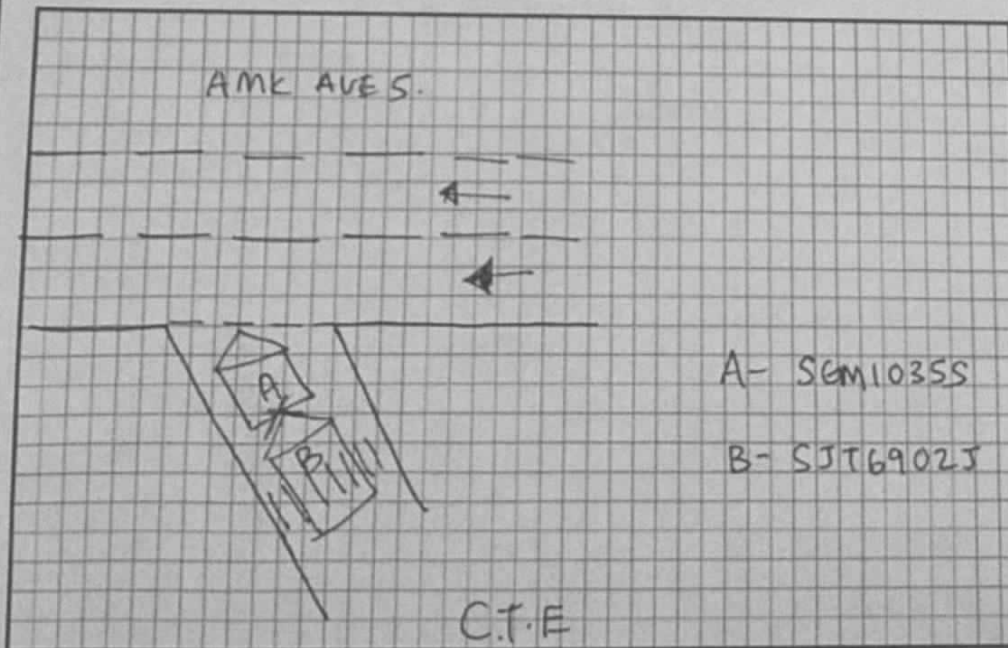
VERIFIED BY AJAX MARS
REPORTING OFFICER
Mohammad Azaly Bin Abdullah
Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel

Sketch Plan



Police Report



**SINGAPORE
POLICE FORCE**



T/20180625/2063

1 of 4

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No: T/20180625/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2018 13:10	Vide Report No.:	Station Diary No.: 65
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Informant's Particulars

Name of Informant: ANG EE LIN			Address: APT BLK 601 HOUGANG AVENUE 4 #09-111 SINGAPORE 530601	
ID Type / ID No.: NRIC NO / S9413932E			Contact No.:	Mobile: 86119699
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Female	Age: 24	Date of Birth: 17/04/1994	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: Baker (general)			Driving Licence Information: Class: 3	
			Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/06/2018 15:30	Type of Location: Bend
Location: Along Road 1 CENTRAL EXPRESSWAY				
Exit 12B. stop line before Ang Mo Kio Avenue 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SGM1035S	Car				Slightly Damaged	1
SJT6902J	Car				No Damage	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180625/2063

2 of 4

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Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20180625/2063

CONTINUATION OF REPORT

Passenger			
Name	ANG CHING SIANG	ID No.	S9513001A
Related Vehicle	SGM1035S (Car)	Contact No.	83335177
Hospital/Clinic	SINGAPORE FAMILY CLINIC & SURGERY (HOUGANG)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/06/2018	Date Discharge	24/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ANG EE LIN	ID No.	S9413932E
Related Vehicle	SGM1035S (Car)	Contact No.	86119699
Hospital/Clinic	SINGAPORE FAMILY CLINIC & SURGERY (HOUGANG)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/06/2018	Date Discharge	24/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	morales antonio gracia	ID No.	S1351554I
Related Vehicle	SJT6902J (Car)	Contact No.	94761387
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 the mentioned date and time, I was driving my car along CTE towards SLE/TPE. I exited at Exit 12B (Ang Mo Kio Avenue 5). I stopped at the stop line to give way to the traffic at the main road (Ang Mo Kio Avenue 5). About 1 minute later, another car suddenly hit me from behind. I think that the driver of that car behind might have anticipated for me to move forward, which I did not as I saw a car approaching at Ang Mo Kio Avenue 5 at quite a high speed from my judgement. We exchanged particulars and left the scene. There is quite a big dent on my car's rear. From what I see, there is no damage on the other car. No police or ambulance was called for. My passenger and I visited a clinic on the same day evening as we felt some pain. I felt some ache on my neck. My passenger felt some ache on the neck and waist (my passenger was sitting at the back seat). We were both given 3 days MC. That is all.

Police Report



SINGAPORE
POLICE FORCE



T/20180625/2063

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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Report No. T/20180625/2063

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:

A /
Staff Sgt ONG SHI YUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/06/2018 13:10

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

Classification Of Case:

Authentication Stamp
NP168