

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	03/07/2018 17:27
Date Of Accident	02/07/2018 15:40
Exact Location Of Accident	PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4435Y
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Insured/Policyholder

Name Of Registered Owner	A & T CAR RENTAL PTE LTD
Co Reg No	201600008M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093167264-01
Cover Note Number	

Driver

Name of Driver	ANG KHENG CHONG
NRIC No	S7675991Z
Date Of Birth	05/09/1976
Occupation	INDOOR
Date Of Driving Pass	19/04/1997
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96813079
Fax Number	
Contact Number	OFFICE-96813079
Email Address	NOEMAIL

Address	BLK 119 ALJUNIED AVENUE 2 #01-24
Postcode	380119
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
Road Surface	WET

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: : TAN JUAY SAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180703/2088.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH2392U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED MUBARAQ S/O CHAMAN LAL
NRIC/Passport Number	S8540915H
Contact Number	83362833

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

DETAILS OF INJURED PERSON 1

Name ANG KHENG CHONG
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? GBF4435Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAN JUAY SAN
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? GBF4435Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

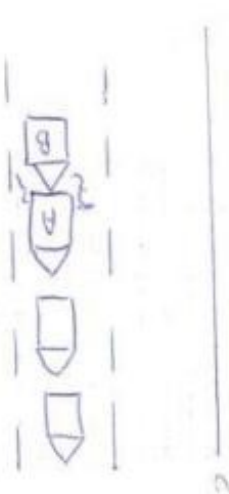
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

Paya
Lebar
Rd



DoA: 2 | 7 | 18

A: GBF 44354

B: SJM 23924

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report - 7/20180703/2038.

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/20180703/2038

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

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Report No. T/20180703/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2018 12:21		Vide Report No.:		Station Diary No.: 8
Informant's Particulars				
Name of Informant: ANG KHENG CHONG		Address: APT BLK 119 ALJUNIED AVENUE 2 #01-24 SINGAPORE 380119		
ID Type / ID No.: NRIC NO / S7675991Z		Contact No.: Home/Office: Mobile: 96813079		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 41	Date of Birth: 05/09/1976	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/07/2018 15:45	Type of Location:
Location: Along Road 1 PAYA LEBAR ROAD Paya Lebar Road towards Upper Paya Lebar Road				
Weather: Drizzling	Road Surface:		Road Speed Limit: 70	
Traffic Flow:	Traffic Control:		Traffic Volume:	
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
GBF4435Y	Van				Slightly Damaged 1
SJH2392U	Car				0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180703/2038

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Report No. T/20180703/2038

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

CONTINUATION OF REPORT

Brief Details.

On 02/07/2018 at about 1545hrs, I was travelling along in my Van (GBF 4435Y) from Paya Lebar Road towards Upper Paya lebar road. After I reached the traffic junction, I stopped my vehicle and everything was in order. I wish to state that the weather that day was slightly drizzling.

While I was waiting for the traffic light to turn green, I felt an impact at the rear of my van. When I looked back, I saw another vehicle (SJH 2392U) trying to drive away however and I gave chase to the vehicle and the vehicle stopped at the next traffic junction, as there were other vehicles in front. Subsequently, police were called up on this matter. I wish to state that the rear of my van was damaged due to the impact of the collision. I wish to state that I had a passenger with me (S1556254D, Tan Juay San, contact number: 9681 3469) and both of us were given three days of medical certificate. I wish to state that the other party colliding onto my van.

Driver of SJH 2392U particulars
S8540915H
Mohamed MUBARAK s/o Chaman Lal
Blk 32 Chai Chee Avenue #11-210
contact number: 8336 2833

HOUKANG NPP
BLK 357 HOUKANG AVE 7
SINGAPORE 530357
TEL: 1800-2869999

Police Report



**SINGAPORE
POLICE FORCE**



T/20180703/2038

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Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20180703/2038

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 /

Sgt 1 ONG YU HAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/07/2018 12:21

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No: 65476219

SN 085

Classification Of Case:

Authentication Stamp

NP 158



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



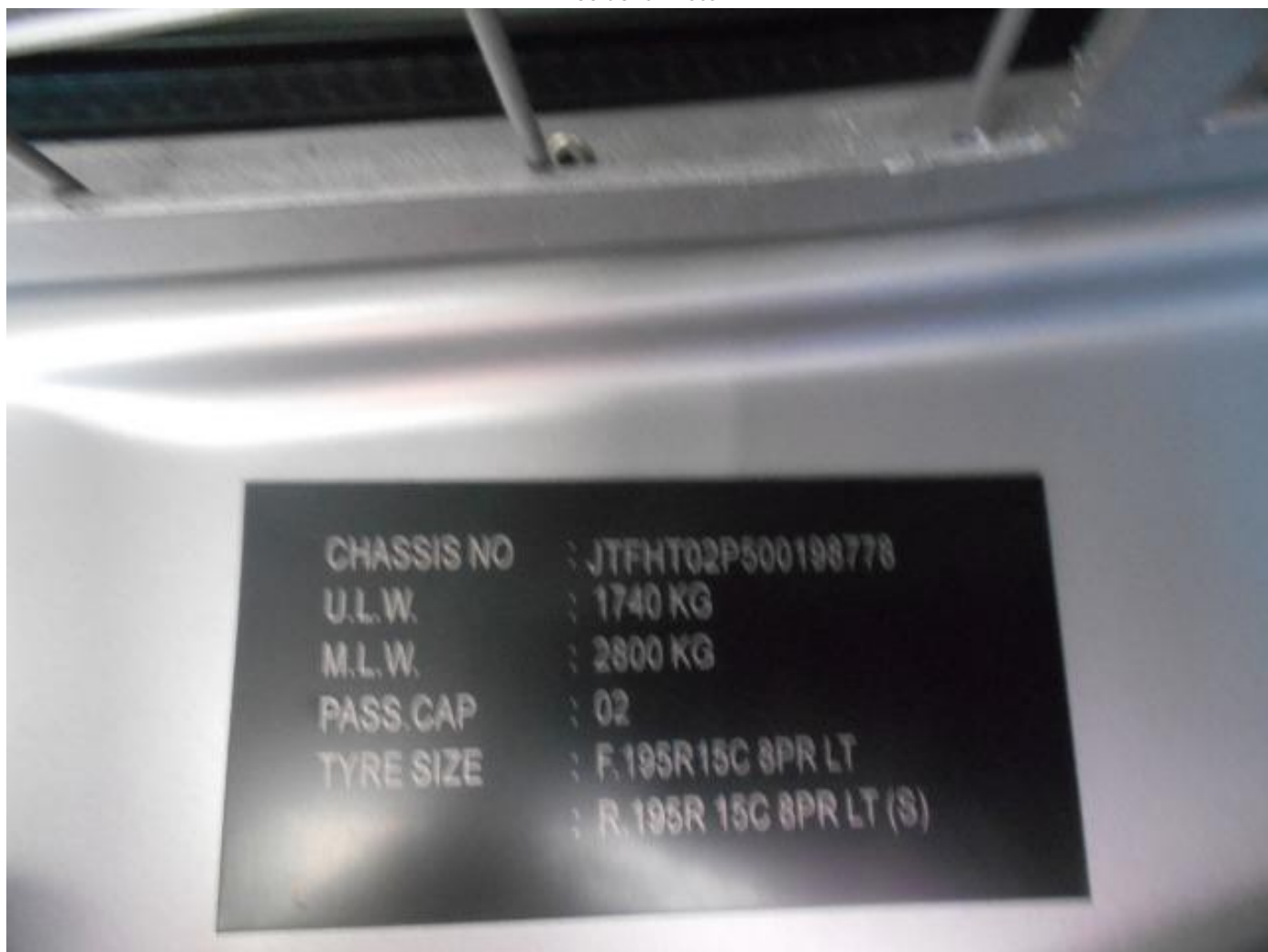
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
138 Robinson Road #07-09
The Corporate Office
Singapore 068906
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS

Original Report No : _____ Vehicle Registration No : GBF 44354
Name (as shown in NRIC) : Ang Kheng Chong
(*Vehicle Driver/Vehicle Owner) (*Please delete as appropriate)
NRIC/Passport No : S76759912
Address : 119 Aljunied Ave 2 #01-24 (38119)
Contact (Tel) : 96813079 (H/P) : _____
(Email) : _____
Date Of Accident : 2/7/2018 Time Of Accident : 1540 hr
Place Of Accident : Paya Lebar Rd
Insurance Company : NTUC

(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:-

We would like to revert to own
damage claims since the other party
not report yet.



SIGNATURE OF VEHICLE OWNER/DRIVER
DATE: 11/7/2018

E-FILE

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