

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	01/08/2018 15:46
Date Of Accident	28/07/2018 02:00
Exact Location Of Accident	TEBING LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU108X
Insured/Policyholder	
Name Of Registered Owner	ANG KA LAI
NRIC No	S1379529J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96750108
Alternative Phone No	OFFICE-96750108

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA275007
Cover Note Number	

Driver

Name of Driver	ANG SHAO JIE MARCUS
NRIC No	S9419301Z
Date Of Birth	06/06/1994
Occupation	INDOOR
Date Of Driving Pass	11/04/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96426977
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 961 HOUGANG AVE 9 #06-570
Postcode	530961
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 ON COLLISION
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)	3
Passenger 1	NAME: : ONG ENG QUAN GENDER: : MALE
Passenger 2	NAME: : LEONG LI PENG KATHERINE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20180729/7001.

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	SHB664D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
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 DRIVER OF VEH B

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHB664D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PASSENGER OF VEH B

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHB664D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

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5. Now the reporting may be referred to the Police for investigation.
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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)

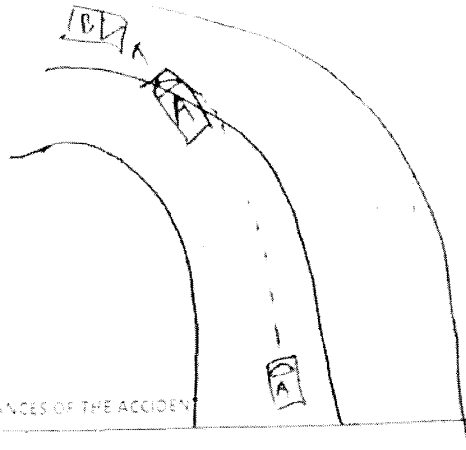
I understand, acknowledge, agree and consent that:

- (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 Personnel's Signature
Name:
NRIC/FIN No.:

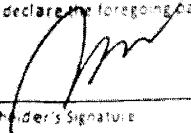


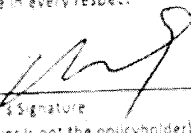
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:



redefining Insurance

Date: 01/08/2018

To: Owner of Vehicle Number: SLU108X

The following has been advised to you via your workshop, QME MOTOR PTB LTD through their staff, _____.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ () You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ () You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ () You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☒ () There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☒ () There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☒ () The estimated waiting time for the spare parts to arrive is 6 - 8 weeks. The estimated arrival time does not include the repair period.
- ☐ () You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☒ () For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- ☐ () For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☒ () You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ () For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ () Others _____

Signed and acknowledge by:

[Signature]
Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



**SINGAPORE
POLICE FORCE**



T/20180729/7001

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180729/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2018 03:22	Vide Report No.: F/20180728/0027	Station Diary No.:
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Informant's Particulars			
Name of Informant: ANG%2520SHAO%2520JIE,%2520M ARCUS		Address: APT BLK 961 HOUGANG%2520AVENUE%25209 #06-570 SINGAPORE 530961	
ID Type / ID No.: NRIC NO / S9419301Z		Contact No.: Home/Office: Mobile: 96426977	
Nationality: SINGAPORE CITIZEN		Email: Marcusang94@hotmail.com	
Sex: Male	Age: 24	Date of Birth: 06/06/1994	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Real estate agent		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/07/2018 01:15	Type of Location: Bend
Location: TEBING LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU108X	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20180729/7001

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180729/7001

CONTINUATION OF REPORT

Driver			
Name	ANG SHAO JIE, MARCUS		ID No. S9419301Z
Related Vehicle	SLU108X (Car)		Contact No. 96426977
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
Passenger			
Name	Katherine Leong		ID No. NIL
Related Vehicle	SLU108X (Car)		Contact No. 97961921
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	Slight

Brief Details.

Accident happen outside road outside Tebing Lane (Behind Punggol Joint Temple), I, Marcus Ang, S9419301Z(Driver), was with Katherine Leong, S9136432H (back passenger), Jonathan Ong, S9548394A, (front passenger), driving Volkswagen Scirocco R 2.0A (SLU108X), we were traveling at a consistent speed at the range between 60-75km/h. As we were approaching the bend, my phone dropped from my phone holder while turning and I panicked. After realising this, i took a quick glance to identify the location of my phone. During the bend, there was a two way road with one lane each, an extremely narrow lane. Once i looked up, i was blinded by what seemed like vehicle headlights and i slammed on the brakes while swerving inwards at the same time. However, with all effort made, we could not avoid the accident as i believed the other vehicle did not have vision of us until we were very close towards the intersection of the bend.

I am unsure of whether the taxi driver was attempting to make an illegal u-turn, as from what i remember there was still a considerable distance for him to move forward before taking the bend toward Punggol drive. followed by a loud bang and a huge impact that send me and my passengers flung around and hit our heads.

The air bags of the front seats were deployed, thankfully we came out with little injuries. There was white smoke coming from within and also from my car and the exterior of my vehicle. I then realised i had an accident with a SMRT taxi which had four passengers including the driver, and a family of 3 which i believed is of malay ethnicity.

I was terrified as i heard the lady screaming for her daughter which i thought had suffered serious injuries and was stuck within the vehicle. I tried to rush forward to help, only to be confronted by the husband and believed to be the father of the daughter with vulgarities and insult that intimidating in terms of tonality and physical posture. I then spoke to him in a manner as calm as i can managed and i quote "this is an accident, please cool down, none of us want this to happen, can we pay attention to the ones who are or



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POLICE FORCE**



T/20180729/7001

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Report No. T/20180729/7001

CONTINUATION OF REPORT

might be injured". The man refused to listen and continue with thorns like "you think you gangster, this one my daughter you know, you know who am i". I wish to highlight all these words and threats he had said comes with such aggression that he was moving so close to me less than 30cm away from my face. There were close to 20 males and females pedestrians which majority in their sports wear which i do not know whether are they related to the man. After i spotted what seemed like oil leaks below the vehicle, i tried to evacuate the crowd as some of them are smoking. The evacuation did work, still there were a few malay males who seems to be personal friends of the passengers that continued to hang around. From then, i verified with whoever was left to ensure the ambulance and the police has been notified of this incident. The male passenger then came to me and asked me for my particulars of which we have exchanged our contact details after which i have learned his name is Taslim. He then left the scene to accompany his wife and daughter to the hospital through ambulance. I have actually send him a whatsapp message hoping to convey my sincere apologies even though i believe the incident is not entirely either parties fault. Statements were given to the uniform police, and civil defence officers. And i would like to highlight and i hope that there will be eye witnesses that will stand up to support and prove this incident whereby all the passengers and drivers involved and stepped out of the vehicles except that the driver of the taxi was resting his head on the window which i went forward to knock on his window to ensure that he was conscious, as i saw him opening his eyes a little as though he was peeking and saw me which woke him up and seemed to return him his consciousness almost immediately.

Thank you very much

Report no: F/20180728/27

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180729/7001

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180729/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

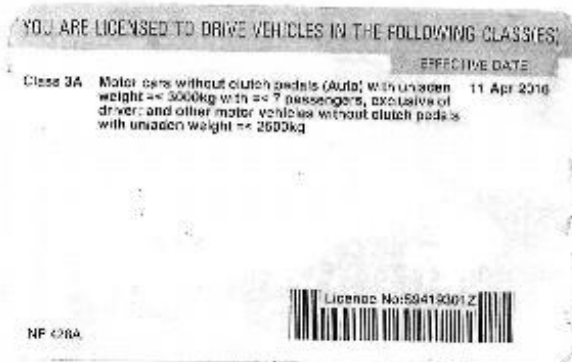
Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
29/07/2018 03:22

Classification Of Case:

Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

