

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	06/08/2018 10:38
Date Of Accident	05/08/2018 13:00
Exact Location Of Accident	ALONG FARRER ROAD NEAR TO B09 BUS STOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP7134Z
Insured/Policyholder	
Name Of Registered Owner	ANG JUN HAO
NRIC No	S8326968E
Email Address	JUNHAO83@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97984803
Alternative Phone No	OTHERS-97984803

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3052501700
Cover Note Number	

Driver

Name of Driver	ANG JUN HAO
NRIC No	S8326968E
Date Of Birth	01/09/1983
Occupation	INDOOR
Date Of Driving Pass	07/07/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97984803
Fax Number	
Contact Number	OTHERS-97984803
E Mail Address	JUNHAO83@HOTMAIL.COM

Address	BLK 338C ANCHORVALE CRESCENT #14-49
Postcode	543338
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	CHAIN COLLISION
Weather Conditions	AFTER RAIN
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)	5
Passenger 1	NAME: : ANG XIAOWEI GENDER: : FEMALE
Passenger 2	NAME: : HUANG XUEHUA GENDER: : FEMALE
Passenger 3	NAME: : ANG JIA TONG VIOLET GENDER: : FEMALE
Passenger 4	NAME: : ANG JING KAI JASPER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT:T/20180805/2102.

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	SJG9211T
Vehicle Make/Model/Colour	MISUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEE YING LIN
NRIC/Passport Number	S1515412H
Contact Number	64741463
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB8957G
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KASSIM BIN JUSI
NRIC/Passport Number	S0647495J
Contact Number	96375263
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANG XIAOWEI
Approximate Age	36
Injuries Sustain	
Injured person in which vehicle?	SJP7134Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ANG JUN HAO
Approximate Age	34
Injuries Sustain	
Injured person in which vehicle?	SJP7134Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 338C ANCHORVALE CRESCENT #14-49
Postcode	543338

DETAILS OF INJURED PERSON 3

Name	HUANG XUEHUA
Approximate Age	32
Injuries Sustain	

Injured person in which vehicle?	SJP7134Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 338C ANCHORVALE CRESCENT #14-49
Postcode	543338

DETAILS OF INJURED PERSON 4

Name	ANG JIA TONG VIOLET
Approximate Age	2
Injuries Sustain	
Injured person in which vehicle?	SJG9211T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 338C ANCHORVALE CRESCENT #14-49
Postcode	543338

DETAILS OF INJURED PERSON 5

Name	ANG JING KAI JASPER
Approximate Age	
Injuries Sustain	AGE-9 MONTHS
Injured person in which vehicle?	SJG9211T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 338C ANCHORVALE CRESCENT #14-49
Postcode	543338

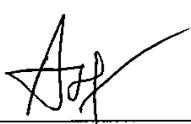
SKETCH PLAN

IMPORTANT NOTICE

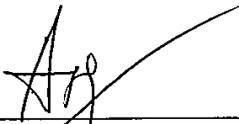
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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:
06 AUG 2018
10:38 AM

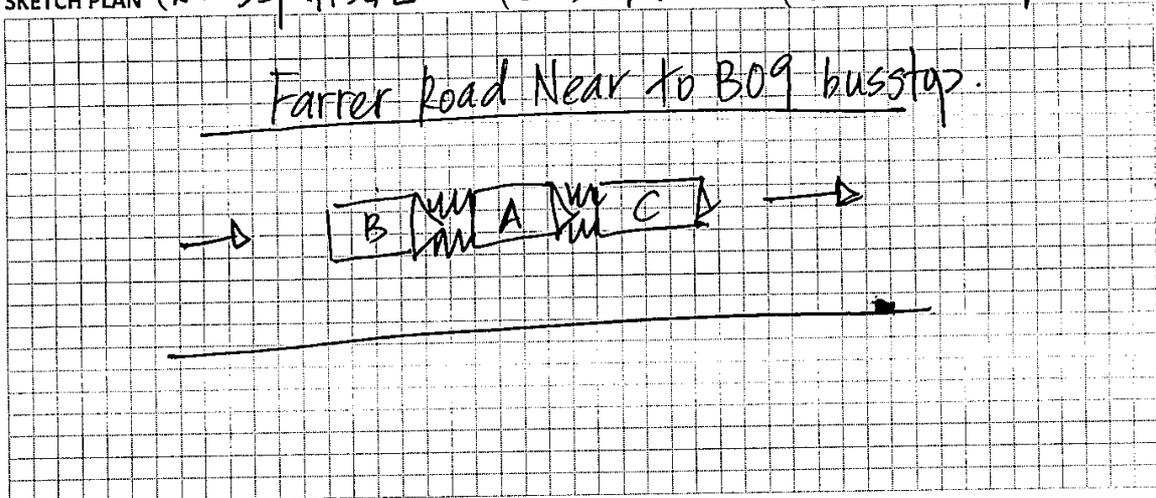


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN No.: S6840583A

SKETCH PLAN (A) SJP7134Z (B) SJG9211 (C) SHB8957G.



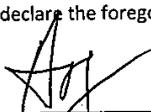
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

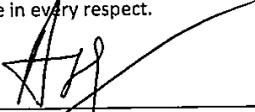
Refer to Police Report.

Report No: T/20180805/2102

DECLARATION

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


Policyholder's Signature
Date & Time: 06 AUG 2018
10:35am


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


Reporting Centre Personnel's Signature
Name: Swee Choo
NRIC/FIN No.: S6840583A

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180805/2102

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4
Report No. T/20180805/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2018 18:14	Vide Report No.:	Station Diary No.: 111
--	------------------	---------------------------

Informant's Particulars

Name of Informant: ANG JUN HAO		Address: APT BLK 338C ANCHORVALE CRESCENT #14-49 SINGAPORE 543338	
ID Type / ID No.: NRIC NO / S8326968E		Contact No.: Home/Office: Mobile: 97984803	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 01/09/1983	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Sales Manager		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: 05/08/2018 13:00	Type of Location: Straight Road
Location: Along Road 1 FARRER ROAD Along Farrer Road near to B09 busstop				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB8957G	Taxi					0
SJG9211T	Car					0
SJP7134Z	Car	TOYOTA	VIOS E AUTO	Silver		4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
-------------	-------------------	---------------	-----------	-------------

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20180805/2102

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 4
Report No. T/20180805/2102

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJP7134Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3052501700	01/07/2017	30/09/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	ANG XIAOWEI	ID No.	S8134961D	
Related Vehicle	SJP7134Z (Car)	Contact No.	NIL	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	05/08/2018	Date Discharge	05/08/2018	
No. of Days granted Medical Leave	05	Degree of Injury	NIL	

Passenger				
Name	ANG JIA TONG VIOLET	ID No.	T1534174I	
Related Vehicle	SJP7134Z (Car)	Contact No.	NIL	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	05/08/2018	Date Discharge	05/08/2018	
No. of Days granted Medical Leave	03	Degree of Injury	NIL	

Driver				
Name	ANG JUN HAO	ID No.	S8326968E	
Related Vehicle	SJP7134Z (Car)	Contact No.	97984803	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	05/08/2018	Date Discharge	05/08/2018	
No. of Days granted Medical Leave	05	Degree of Injury	NIL	



**SINGAPORE
POLICE FORCE**



T/20180805/2102

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 4
Report No. T/20180805/2102

CONTINUATION OF REPORT

Passenger			
Name	HUANG XUEHUA	ID No.	S8363971G
Related Vehicle	SJP7134Z (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/08/2018	Date Discharge	05/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Passenger			
Name	ANG JING KAI JASPER	ID No.	T1731991J
Related Vehicle	SJP7134Z (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/08/2018	Date Discharge	05/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 05/08/2018 at about 1300hrs, I was driving my vehicle SJP 7134Z along Farrer Road near to B09 busstop together with 4 of my family members. I was travelling on the 2nd lane of the 4 lane road. The weather was clear, however, the road surface was wet. As the traffic light was red, i was preparing to come to a complete stop. All of a sudden, I heard a loud impact from the rear of my vehicle.

The impact resulted in my vehicle skidding forward and collided onto the rear of a taxi (SHB8957G). After the accident, I came down to access the damages and realized that it was a chain collision. The rear portion of my vehicle was badly damaged and the front portion was dented in as well. My daughter (Ang Jia Tong Violet , T1534174I) suffered bruises on the forehead area. The whole accident was captured on my in car camera.

The particulars of the taxi driver as follows: Kassim Bin Jusi, S0647495J, 96375263. The particulars of the driver for SJG 9211T as follows: Chee Ying Lin , S1515412H, 64741463.

After the accident, we went to consult a doctor at Mount Alvernia Hospital. My wife , sister and myself was given 5 days MC from 05/08/2018 to 09/08/2018 while my daughter and son was given 3 days MC from 05/08/2018 to 07/08/2018.



SINGAPORE
POLICE FORCE



T/20180805/2102

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

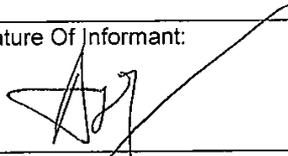
4 of 4
Report No. T/20180805/2102

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 This Report: F / Staff Sgt CHEE SI WEI, FELIX	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/08/2018 18:14
Officer In Charge Of Case: TP / AEIT / SSI:KASMAWATI BTE SAMIYAN Contact No.: 65476179	Classification Of Case:

Authentication Stamp
NP168

CERTIFICATE OF INSURANCE Pg. 1



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1F
N SN
AN0055A
COMPREHENSIVE
AUTOSAFE

Servicing Agent:
Cowell Insurance Agency
Pte Ltd | tel.63392592
Trivex @ 8 Burn Road #09-09
contactus@cowell.com.sg

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSN3052501700	Engine No : 1NZX880708 Chassis No: MR053HY9305106568
1. Index Mark and Registration Number of Vehicle	SJF7134Z	
2. Name of Policy Holder	MR ANG JUN HAO	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01 JULY 2017	NAMED DRIVERS EX SECT. I.....S\$500.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	30 SEPTEMBER 2018	EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT
5. Persons or Classes of Persons entitled to drive *		EX ON WINDSCREEN.....S\$100.00

(A) THE POLICYHOLDER.
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : STANDARD CHARTERED BANK SINGAPORE LTD AS HP OWNER
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By: _____
Authorised Officer

Authorised Signatory

DRIVER'S NRIC & DRIVING LICENCE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8326968E**
Name: **ANG JUN HAO**
Birth Date: **01 Sep 1983**
Issue Date: **07 Jul 2003**

000633964A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8326968E**



Name
ANG JUN HAO
洪俊豪

Race
CHINESE

Date of birth
01-09-1983

Sex
M

Country/Place of birth
SINGAPORE



S8326968E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Jul 2003

NP 428A

Licence No: **S8326968E**



5250192



NRIC No. **S8326968E**



Date of Issue
23-12-2013

APT BLK 338C ANCHORVALE CRESCENT #14-49
SINGAPORE 543338

NRIC No: **S8326968E** Date: **29/03/2017**

Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER



Accident Photo



Accident Photo



Accident Photo

