

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	05/09/2018 11:12
Date Of Accident	04/09/2018 23:20
Exact Location Of Accident	JUNCTION OF ANG MO KIO AVE 1 AND ANG MO KIO AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH2163H
Insured/Policyholder	
Name Of Registered Owner	ANG TECK LOONG
NRIC No	S0765029I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93451184
Alternative Phone No	OTHERS-93922364

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARDS
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	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-170088881MSH
Cover Note Number	27.10.2017 TO 26.10.2018

Driver

Name of Driver	ANG CHEN HUA
NRIC No	S1136784D
Date Of Birth	06/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	21/12/1973
Driving Experience	44 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93922364
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLOCK 703 YISHUN AVENUE 5 #12-262
Postcode	760703
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	5
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.	YES
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : DELIMAH BTE SULAIMAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On 04/09/2018 at about 2320hrs, I stopped my vehicle (A: SH2163H) on the extreme left lane along Ang Mo Kio Avenue 1 junction of Ang Mo Kio Avenue 8 due to traffic light was red. Suddenly I felt an impact from my vehicle's rear right caused my vehicle pushed forward hit onto vehicle (C: SLJ4077H) which was stopped in front of my vehicle. I alighted and realised that is a multi collision total involve 5 vehicles. The vehicle (B: SLC6360M) hit onto my vehicle's rear right portion and vehicle (D: SJV3487A) left rear portion caused the vehicle D pushed forward hit onto the vehicle (E: GBD9799U) which was stopped in front of vehicle D. After the accident, the ambulance and traffic police come at the scene and bring the vehicle B driver away and I felt unwell. Vehicle A (SH2163H) - 1 female adult passenger on board. Vehicle B (SLC6360M) - No passenger on board. Vehicle C (SLJ4077H) - unaware number of passenger on board. Vehicle D (SJV3487A) and Vehicle (E: GBD9799U) - Unknown.

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	SLC6360M
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	SUV
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage FRONT PORTION
No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLJ4077H
Vehicle Make/Model/Colour NISSAN LATIO
Details Of Properties PRIVATE HIRE VEHICLE
Vehicle Category PRIVATE HIRE
Name of Driver MOHD IDRIS BIN AHMAD KASSIM
NRIC/Passport Number S7612564C
Contact Number 8647 0326
Address
Postcode
Insurance Company Name
Nature Of Damage REAR PORTION
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJV3487A
Vehicle Make/Model/Colour HYUNDAI AVENTE
Details Of Properties PRIVATE HIRE VEHICLE
Vehicle Category PRIVATE HIRE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage LEFT REAR PORTION
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number GBD9799U
Vehicle Make/Model/Colour
Details Of Properties VAN
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage REAR PORTION
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ANG CHEN HUA
Approximate Age 63
Injuries Sustain
Injured person in which vehicle? SH2163H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

BLOCK 703 YISHUN AVENUE 5
#12-262

Postcode

760703


SKETCH PLAN


IMPORTANT NOTICE

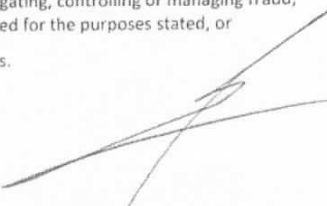
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

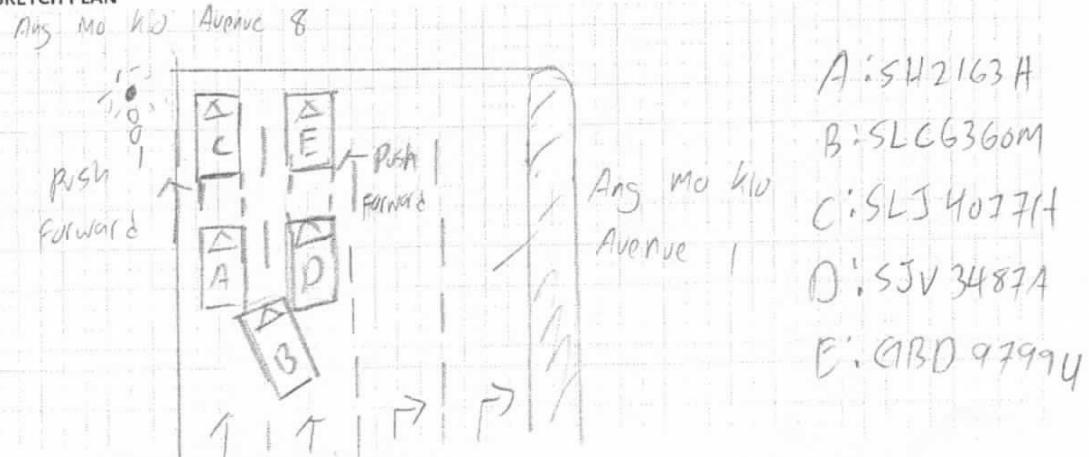
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 05/09/2018 @ 11:45h


Reporting Centre Personnel's Signature
Name: Lam WP: Shun
NRIC/FIN No.: G6864052R

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to G/A 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: 05/09/2018 01:45h


Reporting Centre Personnel's Signature
Name: Lim Wei Sheng
NRIC/FIN No.: G6864052R

3/4/2018 09:00:00 AM