

## 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 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. 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	22/12/2018 12:08
Date Of Accident	21/12/2018 16:20
Exact Location Of Accident	AYE TOWARDS CTE AFTER AVE 6 CLEMENTI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDE7799J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG KHIM KEONG
NRIC No	S7912776J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91017799
Alternative Phone No	OTHERS-91017799

### Vehicle Particulars

Manufacturer	BMW
Model	318
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA344476
Cover Note Number	

### Driver

Name of Driver	ANG KHIM KEONG
NRIC No	S7912776J
Date Of Birth	21/04/1979
Occupation	INDOOR
Date Of Driving Pass	20/02/1998
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91017799
Fax Number	
Contact Number	OTHERS-91017799
Email Address	NOEMAIL

Address	BLK 61A STRATHMORE AVENUE #08-08
Postcode	142061
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JGM3122 (COMMERCIAL VEHICLE)
Number of vehicles (including own vehicle) involved in the accident	5
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : LEONG SHI MUN, ANGELA GENDER: : FEMALE
Passenger 2	NAME: : ANG ZHI HENG, ANSON GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN9351H
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	EQ INSURANCE COMPANY LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKV710M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RIGHT
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	JGM3122
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT & REAR
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	GBA2861P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LEONG SHI MUN ANGELA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SDE7799J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan Pg. 1

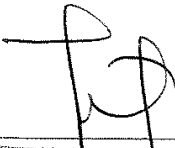
### SKETCH PLAN

#### IMPORTANT NOTICE

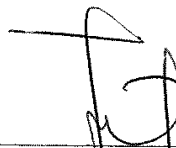
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

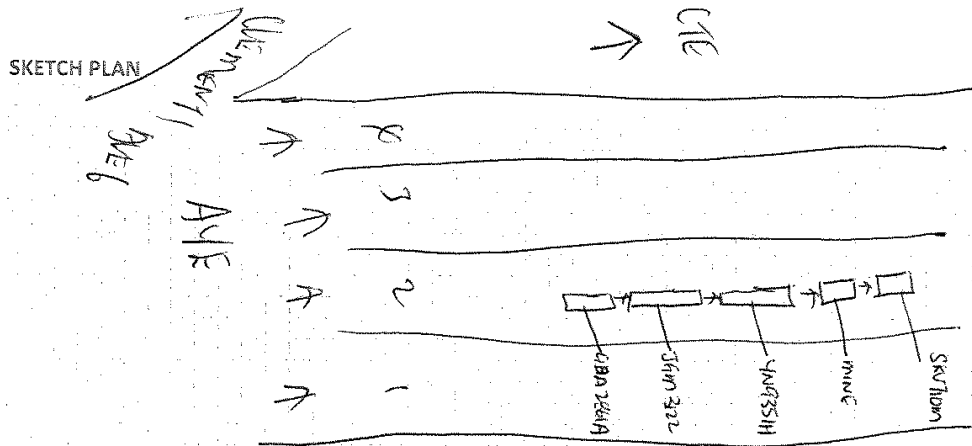
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: \_\_\_\_\_  
Sime Darby Performance Centre  
303 Alexandra Road  
Singapore 119941

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

  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Sime Darby Performance Centre  
303 Alexandra Road  
Singapore 119941

# Sketch Plan Pg. 2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ON LANE 2 ON THE TWO'S LANE AFTER CLEMENTI AVE 6. IT WAS A CLEAR DAY ON DRY SURFACE.
WHEN I SAW CAR 1 IN FRONT OF THE FIRST INVOLVED CAR (CAR 1) STOPPING (THIRD BRAKE LIGHT ILLUMINATED), I APPLIED SLIGHT BRAKING TRYING TO SLOW DOWN MY CAR. EVENTUALLY THE CAR IN FRONT OF CAR 1 STOPPED. I ALSO STOPPED.
SUDDENLY, I WAS HIT BY A LORRY FROM BEHIND WHICH WAS YN935H. THE IMPACT CAUSED <del>THE</del> MY CAR TO SLIDE FORWARD AND HIT CAR 1 CAUSING MINOR DAMAGE TO THE RIGHT REAR BUMPER.
IMMEDIATELY, I CHECKED THE WELL BEING OF MY TWO PASSENGERS WHO WERE MY SON AND WIFE. MY SON WAS FINE. HOWEVER MY WIFE COMPLAINED ON NECK PAIN AND FELT <del>THE</del> NUMBNESS ON HER LEFT ARM AND LEFT LEG. BOTH WERE SECURED WITH SEATBELT OR CHILD SAFETY SEAT. POLICE AND AMBULANCE WERE CALLED IN.
MY WIFE WAS CONVEYED TO NUH FOR FURTHER MEDICAL ASSISTANCE BY THE AMBULANCE AND PARAMEDIC.
THERE WERE A TOTAL OF (FIVE) 5 VEHICLES INVOLVED. MY CAR WAS THE SECOND ONE. OUT OF THE FIVE VEHICLES, ONE WAS A MALAYSIAN REGISTERED GOOD WORTHY

## DECLARATION

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

Policyholder's Signature  
 Date & Time:  
 Sime Darby Performance Centre  
 Singapore 16904

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

Reporting Centre Personnel's Signature  
 Name: Sime Darby Performance Centre  
 NRIC/FIN No.: 303/Alexandra Road  
 Sime Darby Performance Centre  
 Singapore 16904



**SINGAPORE  
POLICE FORCE**



T/20181221/2119

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20181221/2119

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/12/2018 19:27	Vide Report No.: D/20181221/0089	Station Diary No.: 64
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: ANG KHIM KEONG			Address: APT BLK 61A STRATHMORE AVENUE #08-08 SINGAPORE 142061		
ID Type / ID No.: NRIC NO / S7912776J			Contact No.: Home/Office: Mobile: 91017799		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 21/04/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FLIGHT ATTENDANT			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: 21/12/2018 16:20	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY				
Exit after Clementi Ave 6, heading towards CTE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDE7799J	Car	BMW	318I LED NAV SHAD. LIGHT	Orange		2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDE7799J	AXA INSURANCE SINGAPORE PTE LTD	GA344476	29/03/2018	28/03/2019



**SINGAPORE  
POLICE FORCE**



T/20181221/2119

2 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20181221/2119

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG KHIM KEONG	ID No.	S7912776J
Related Vehicle	SDE7799J (Car)	Contact No.	91017799
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 21/12/2018 at around 1620hrs, I was driving my car SDE7799J along AYE heading towards CTE with my wife and my 3 year old son. I was on the second lane on the highway. The traffic flow was heavy. As I was driving, I noticed that the cars in front of me were slowly coming to a stop. As such, I applied my brake gradually and came to a stop. I suddenly felt an impact from the back and it caused my car to surge forward and hit the car in front of me. I quickly checked on my wife and son. My wife informed me that she was feeling pain on the neck and numbness on the hand.

I then came out of the car and saw that the accident was a chain collision and it involved 5 vehicles with mine being the second vehicle.

I wish to state that I have in car camera footage which I have already submitted to the traffic police whom attended to the case. I wish to state that my wife got conveyed to the hospital due to the injuries. I am not injured due to the accident.





**SINGAPORE  
POLICE FORCE**



T/20181221/2119

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20181221/2119

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:

D /

Sgt 1 SURENDDHARAN S/O PURANA  
CHANDRAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MA JUNXIANG

Contact No: 65476251  
POLICE FORCE

SN 49

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

21/12/2018 19:27

Classification Of Case:

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





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

