#### 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 witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	11/01/2019 11:10
Date Of Accident	10/01/2019 18:30
Exact Location Of Accident	JUNC SUNGEI KADUT DR & KRANJI WAY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK4368M
Insured/Policyholder	
Name Of Registered Owner	ANG ENG KIAT
NRIC No	S7506737B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86863494
Alternative Phone No	OFFICE-86863494
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 CVT
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000003699-00-000
Cover Note Number	
Driver	

Name of Driver ANG ENG KIAT NRIC No S7506737B Date Of Birth 20/02/1975 Occupation **OUTDOOR Date Of Driving Pass** 03/03/2006

**Driving Experience** 12 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86863494

Fax Number

**Contact Number** OFFICE-86863494

**EMail Address NOEMAIL**  Address BLK 306 ANG MO KIO AVENUE 1

#11-1163

Postcode 560306

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TECK GHEE NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 321 ANG MO KIO STREET 31, POSTCODE: 560321,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-4599999 - **FAX NO**: 64574478

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20190110/2156.

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?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number XD8537K

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

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLEA

#### DEPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 aforesald.
- 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 :
  - 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;
  - 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

NRIC/FIN No.:

11000

GIARMC SketchPlanForm\_V3

## **Accident Sketch Plan**

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THE PERSON NAMED IN COLUMN		Driver's Sig	nature not the polic			Reporting Name: NRIC/FIN	(Centre Person	nnel's Signat	ure

## Police Report





Date of Expiry:

Police Station Of Origin: Tack Ghee NPP 321 Ang Mc Kio Street 31 SINGAPORE 560321

10/3 Report No. T/20190110/2156

Tel No: 1800-4599999

REPORT OF A TRAFFIC ACCIDENT

Retail/Shop sales manager

	me Report 2019 22:13	Made:	Vicie Report No.:	Station Diary No.:
Inform	ant's Partic	ulars		
	of Informant NG KIAT		Address: APT BLK 306 ANG M SINGAPORE 560306	O KIO AVENUE 1 #11-1163
	/ ID No : IO / S75087	37B	Contact No.: Home/Office:	Mobile: 86863494
Nationa SINGAR	lity: PORE CITIZ	EN	Emeil:	The second second second
Sex: Male	Age: 43	Date of Birth: 20/02/1975	Type of Informant: Driver	
Race: Chinese			Language;	institution / School Name:
Occupation:		Driving Licence Inform	ation:	

Driving Licence Information:

Class: 3

General Infon	mation of the Accide	int			No. of the last of
Type of Accident:	Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident: 10/01/2019 18:30	Type of Location: T-Junction
Location: Junction of Ro SUNGEL KAD KRANJI ROAL Weather:		Road S			Road Speed Limit:
Clear		Dry			, toda opaga Larint.
Traffic Flow. Two Way		Traffic C	Control: .ight - Wor	king	Traffic Volume: Heavy
Type of Collisi Moving Vehicle	on: e Against - Others				Anyone conveyed by ambulance: No

Details of V	shicle Involved	Now to the same			Set Labour Co.	THE PARTY OF THE P
Vehicle No.	Туре	Make .	Model	Color	Condition	No of Passenger
SLK4368M	Car	ТОУОТА	WISH 1.8 CVT	White	Slightly Damaged	0
XD8537K	Cement Truck			7	No Damage	0

hicle Insurance	Acres 6 de la constitución de la	AUSTRALIES MES	A STATE OF THE PARTY.
Insurance Company	Insurance No	Effective	Expiry Date
GREAT AMERICAN INSURANCE	MT20180485	25/04/2018	24/04/2019
	Insurance Company	Insurance Company Insurance No GREAT AMERICAN INSURANCE MT20180485	Insurance Company Insurance No Effective GREAT AMERICAN INSURANCE MT20180485 25/04/2018

#### **Police Report**





Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321 Tel No. 1800-4599999 2 of 3 Report No. T/20190110/2158

CONTINUATION OF REPORT

Any Pedestrian I					
No. of Padeaviar		Use of Pedestrian Crossing: NA			
Driver		DOMESTIC STREET			
Meme	ANG ENG KIAT		ID No		S7506737B
Related Vehicle	SLK4368M (Car)		Conta	ct No.	86863494
Hospitel/Clinic	NIL	*	Class Driving Licence Expiry	g ce &	Class: 3 Date of Expiry: N/L
Date Treatment	NIL	Date Discl	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	

#### Brief Details.

On 10.1.2019 at about 6.30pm, I was on a stationary position along Sungei Kadut Way heading towards Kranji Road; when a cement truck infront of me bearing plate number XD8537K was observed to be rolling backward. I tried to hom to alert the driver but to no avail. The said truck subsequently hit the front side of my vehicle. As the traffic light turned green, the said cement truck drove off, I then made a check on my vehicle and I discovered a slight dent at the front of my vehicle. As the traffic was heavy, I did not make any attempt to stop the said driver. I have a footage of the Incident captured in my vehicle's camera. I am not injured. No government property damaged.

none / office Force

SN 088

#### **Police Report**





Polics Station of Origin: Teck Ghee NPP 321 Ang Mo Kin Street 31 SINGAPORE 560321 Tel No: 1800-4599999

3 of 3 Report No. T/20190110/2156

9999 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 / Staff Sgt NOOR RAMDAN BIN JOBRI	Signature of Informant:
Signature Of Interpreter: Not applicable	Date/Time: \( 10/01/2019 22:13 \)
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp	Signature:



















