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.

ACCIDENT STATEMENT	
Date Of Report	17/01/2019 09:23
Date Of Accident	16/01/2019 20:00
Exact Location Of Accident	SIMS WAY HEADING TWDS KPE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMF7988T
Insured/Policyholder	
Name Of Registered Owner	ANG CHEE SIONG
NRIC No	S1629996J
Email Address	ANGERNIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96534373
Alternative Phone No	OTHERS-96534373
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT109608
Cover Note Number	
Driver	
Name of Driver	ANG ZHIHAO,ERNIE
NRIC No	S9045918Z
Date Of Birth	18/11/1990
Occupation	INDOOR
Date Of Driving Pass	30/06/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96534373
Fax Number	
Contact Number	
EMail Address	ANGERNIE@GMAIL.COM

Address	BLK 503 PASIR RIS ST 52 #14-241
Postcode	510503
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	SIDE SWIPE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 1 PASIR RIS DRIVE 4 , **POSTCODE:** 519457 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-5852999 - **FAX NO**: 65855261
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190116/2160

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	THE FILES TOO BIG CAN'T UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB456R
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	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANG ZHIHAO,ERNIE
Approximate Age	
Injuries Sustain	NECK & SHOULDER
Injured person in which vehicle?	SMF7988T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

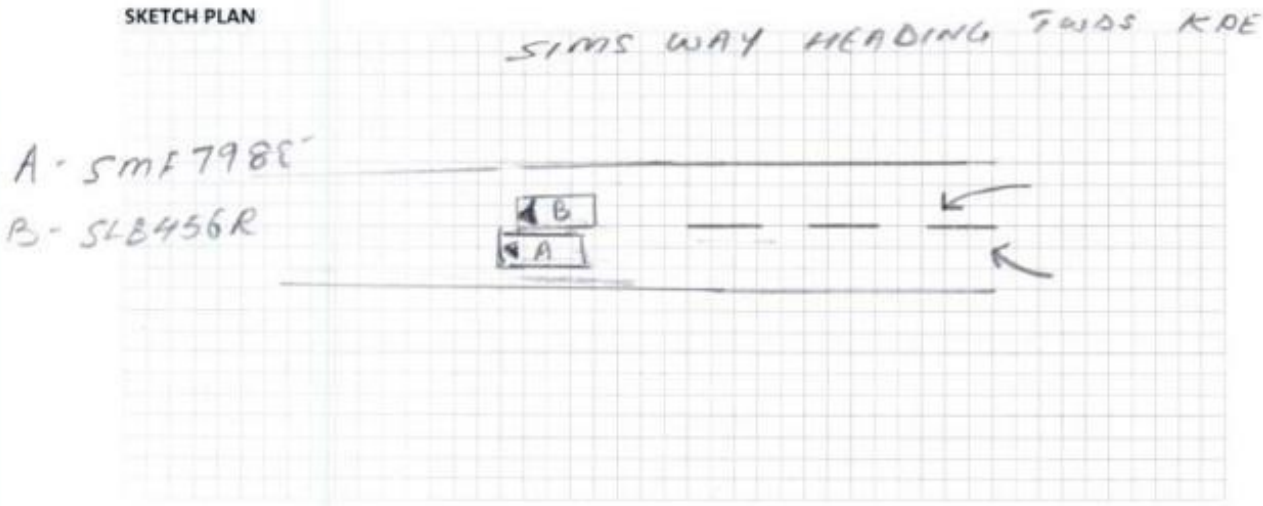
   (ii) for complying with requirements under any regulations, laws or court orders.

17/01/19

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.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20190116/2160

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.:
		17/01/19

SINGAPORE POLICE FORCE

T/20190116/2160

Report No. T/20190116/2160

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver			
Name	ANG ZHIHAO, ERNIE	ID No.	S9045918Z
Related Vehicle	SMF7988T (Car)	Contact No.	96534373
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

on 16/1/19, I was driving my vehicle on the left lane of a 2 lane road which was merging into 1 along Sims Way towards KPE. As I was driving, I heard an impact on my right side, followed by a screeching sound. The car that sideswiped my car stopped and started hurling vulgarities at me and left thereafter. He did not stop to exchange particulars. I viewed my in-car camera that was recording and managed to retrieve his plate number. The driver was a male Chinese in his late 40s.

My vehicle suffered a long scratch on the right portion of my vehicle from front to back. My right side mirror was also damaged due to the collision. I have yet to see the doctor but I am feeling some strains on my neck and shoulders.

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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Police Report

SINGAPORE POLICE FORCE

T/2019011616/2160

Report No. T/2019011616/2160

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
16/01/2019 22:26		84

Informant's Particulars

Name of Informant:			Address:
ANG ZHIHAO, ERNIE			APT BLK 503 PASIR RIS STREET 52 #14-241 SINGAPORE 510503
ID Type / ID No.:			Contact No.:
NRIC NO / S9045916Z			Home/Office: Mobile: 96534373
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	28	18/11/1990	Driver
Race:			Language: / Institution / School Name:
Chinese			
Occupation:			Driving Licence Information: / Date of Expiry:
Accountant			Class: 2B,2A,2,3

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	16/01/2019 20:00	Straight Road

Location:
Along Road 1
SIMS WAY
KALLANG PAYA LEBAR EXPRESSWAY
SIMS WAY HEADING IN TOWARDS KPE

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB456R	Car					1
SMF7989T	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20190116/2160

Report No. T/20190116/2160

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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: G / Sgt 3 S EVA SHERRIENA BINTI S AFFINDY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/01/2019 22:26
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65475902	Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE

SIGNATURE

SINGAPORE POLICE FORCE

T/20190116/2160

Report No. T/20190116/2160

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver			
Name	ANG ZHIHAO, ERNIE	ID No.	S9046918Z
Related Vehicle	SMF7988T (Car)	Contact No.	96534373
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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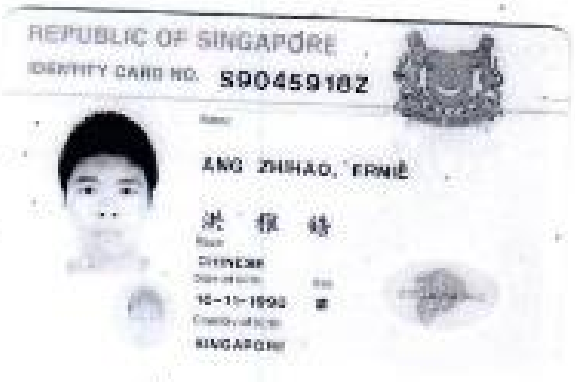
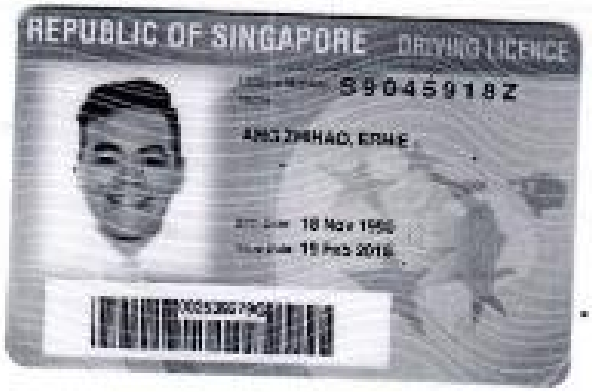
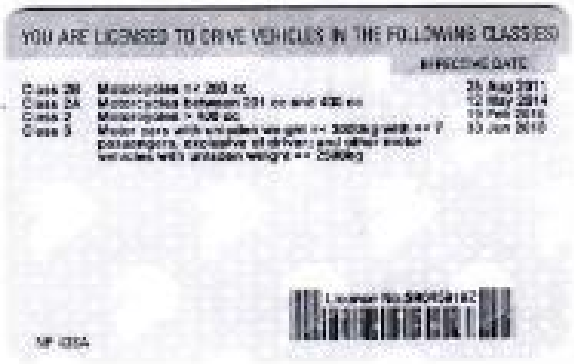
My vehicle suffered a long scratch on the right portion of my vehicle from front to back. My right side mirror was also damaged due to the collision. I have yet to see the doctor but I am feeling some strains on my neck and shoulders.

Identification Card







Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 16/01/19 Vehicle Registration No: SMF7988T

Name(as shown in NRIC) : ANG ZHIHAO, ERNIE NRIC/FIN/Passport No : S9045918Z

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 503 PASIR RIS ST 52 #14-341 510503 Singapore( )

Contact (Tel) : Mobile No. : 96534873

Email Address :

Date of Accident : 16/01/19 Time of Accident : 2000

Place of Accident : SIMS WAY HEADING TWDS KPE

Insurance Company : TOKIO MARINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REVERT FROM TP CLAIMS TO OD CLAIMS

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: