# 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

aforesaid.	or releasy consent to the archiving of this report at the centre and to copies of the report being made available
A STATE OF THE PARTY OF THE PAR	ACCIDENT STATEMENT
Date Of Report	22/01/2019 15:39
Date Of Accident	22/01/2019 13:45
Exact Location Of Accident	551 BALESTIER ROAD OPEN CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ2784M
Insured/Policyholder	
Name Of Registered Owner	A&P GISELLE
Co Reg No	53330253J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98321990

(LOCAL) +65-98321990

OFFICE-98321990

Alternative Phone No. Vehicle Particulars

Manufacturer HONDA

Model VEZEL 1.5X HYBRID CVT ABS D/AIRBAG 2WD

Exact Purpose for which vehicle was being used at

time of accident

Vehicle Category

HIRE AND REWARD

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY PRIVATE HIRE

**Insurance Company** 

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5086494498-02

Cover Note Number

Driver

Name of Driver ANG GUOJUN NRIC No S8527963G Date Of Birth 07/09/1985 Occupation **OUTDOOR** Date Of Driving Pass 27/01/2012

**Driving Experience** 6 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98321990

Fax Number

Contact Number

**EMail Address** NOEMAIL

BLOCK 504C YISHUN STREET 51 Address

#13-118

763504 Postcode

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

COLLIDED INTO PARKED VEHICLE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE Police Station Name

NO

YES

NO

YES

NO

1

ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-8529999 - FAX NO: 68522299 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

On 22.01.2019 at about 1345 hours, I was driving my vehicle (A: SLJ2784M) along 551 Balestier Road open carpark. Upon seeing my passenger, I came out from my vehicle to help my passenger to arrange the goods inside the boot. While stationary, a vehicle (B: GBH5213D) reversed out from the parking lot and hit onto the left rear portion of my vehicle. Vehicle A (SLJ2784M): No passenger on board. Vehicle B (GBH5213D): Unknown passenger on board.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBH5213D

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

COMMERCIAL VEHICLE

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

ANG GUOJUN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLJ2784M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

The stars	Reverse > 1	
	XX,	A: SLJ 2784M., B= GBH 5213D.
	487	7. 32 73411.1
	1/2	~ ~ B= GBH 5213D.
	[DD]	
	[3]	
	Stationa	m
open	carpark of Balestien	Road
CRIBE CIRCUMSTAN	CES OF THE ACCIDENT	
Dofer -	to GIA Report.	
KKIK.	to only together	
CLARATION	particulars are true in every respect.	A
e declare the foregoing	particulars are true in every respect.	$\Lambda$
CLARATION e declare the foregoing of ASP S SELLE	particulars are true in every respect.	- A

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# Police Report Pg. 1





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 1 of 3 Report No. T/20190123/2009

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2019 03:39		Made:	Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars				
Name of Informant: ANG GUOJUN			Address: APT BLK 504C YISHUN STREET 51 #13-118 SINGAPORE 763504			
ID Type / ID No.: NRIC NO / S8527963G Nationality: SINGAPORE CITIZEN		63G	Contact No.: Home/Office:	Mobile: 98321990		
		EN	Email:			
Sex: Age: Date of Birth: Male 33 07/09/1985			Type of Informant: Driver			
Race: Chinese			Language: Institution / School Na English			
Occupation: Self- Employed			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/01/2019 13:45	Type of Location: Car Park
Location: Along Road 1 BALESTIER F	ROAD Road, Open Carpark			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
		Traffic Control:		Traffic Volume:
Traffic Flow: Two Way		Not Controlled		No Traffic

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBH5213D	Van	NISSAN		Grey	Slightly Damaged	0
SLJ2784M	Car	HONDA	Vezel	Red	Slightly	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ2784M	NTUC Income Insurance Co-Operative Limited	5086494498-02	02/12/2018	01/12/2019

#### Police Report Pg. 2



T/20140123/2009

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 2 of 3 Report No. T/20190123/2009

Tel No: 1800-8529999

CONTINUATION OF REPORT

	n Involved		LES SES ETAL TRANSPORT	De teleste	e contract	
Any Pedestrian I						
No. of Pedestriar	ns Injured: NIL		Use of Peo	destriar	Cross	sing: NA
Driver						
Name	Choo Kian Beng (Zhu	u Jianming)		ID No.		S7800883J
Related Vehicle	GBH5213D (Van)			Conta	ct No.	93392328
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						
Name	ANG GUOJUN			ID No	ŧs	S8527963G
Related Vehicle	SLJ2784M (Car)			Conta	ct No.	98321990
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	22/01/2019		Date Disch	narge	23/01	/2019
	ted Medical Leave	04	Degree of	Injury	Slight	

#### Brief Details.

On 22.01.2019 at 1345hrs, I was driving my vehicle of registration no. SLJ2784M (Honda Vezel) at the carpark of 551 Balestier Road (open carpark) to pick-up a passenger. I stopped my vehicle adjacent to a store "no.551 SIM SIANG CHOON". After which, I alighted from my vehicle (stationary position) and assisted the female passenger with her goods to be placed at the rear booth of my vehicle. In the midst of arranging the goods, a grey van of registration no. GBH5213D (from a perpendicular position) reversed and collided onto the rear left passenger side (near the wheel area). During the accident, I felt slight pain however it was not serious. Thereafter, I went to report to GIA prior to the accident.

Subsequently, when I returned home, I felt uncomfortable on my testicles area due to the pain sustain during the accident earlier whilst arranging the goods. As such, I went to Khoo Teck Puat Hospital to seek treatment on my injuries. I was given 4 days of medical leave by the doctor. I further state that I have the video footages recorded on the accident.

SHORE
SHORE
SHORE
SHORE
Police Force

# Police Report Pg. 3





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

3 of 3 Report No. T/20190123/2009

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:		Signature Of Informant:
Sr Staff Sgt SAIFUDIN BIN F	HASSAN	H.
Signature Of Interpreter: Not applicable		Date/Time: 23/01/2019 03:39
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151		Classification Of Case:
		SN 655
Authentication Stamp NP168	N. J. Land	11.10 H.
	Singapore P.	dica Force

# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID: <b>Vehicle Details</b>	0253J
Vehicle No.:	SLJ2784M
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Jan 2019
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X HYBRID CVT ABS D/AIRBAG 2WD
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	LEB5909661
Chassis No.:	RU31209651
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$31,223.00
Original Registration Date:	02 Dec 2016
First Registration Date:	02 Dec 2016
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$5,713.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Dec 2026
PARF Rebate Amount: Intended COE Rebate Details	\$4,284.00
COE Expiry Date:	01 Dec 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,001.00
COE Rebate Amount:	\$41,649.00
Total Rebate Amount:	\$45,933.00

The information contained herein is correct as at 22 Jan 2019