

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	29/01/2019 16:28
Date Of Accident	28/01/2019 17:30
Exact Location Of Accident	COMMONWEALTH AVE WEST TWDS HOLLAND @ MIDDLE LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5226J
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE LEASING PTE. LTD
Co Reg No	201723326H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97687942
Alternative Phone No	OFFICE-97687942

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA2 SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094838100-01
Cover Note Number	

Driver

Name of Driver	ANG KA CHOU
NRIC No	S9701859F
Date Of Birth	17/01/1997
Occupation	INDOOR
Date Of Driving Pass	11/01/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97687942
Fax Number	
Contact Number	OTHERS-97687942
EEmail Address	NOEMAIL

Address	BLK 5 GHIM MOH ROAD #15-230
Postcode	270005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190128/2193

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	PC1741H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZDULKIFLEE BIN MAT HASAN
NRIC/Passport Number	S7040334Z
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ANG KA CHOU
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SLF5226J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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

(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:

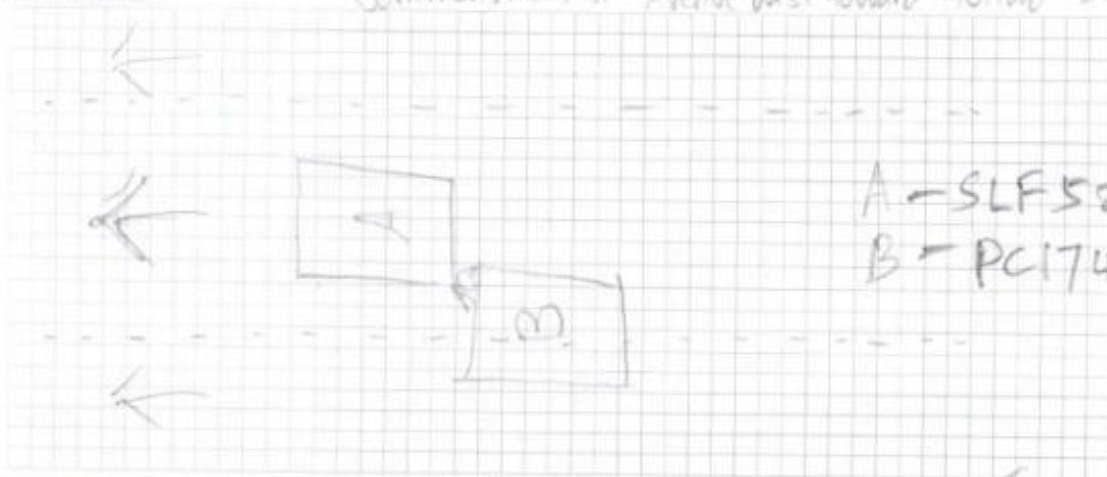
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20190128/2193

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.:

signature: [illegible]

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190128/2193

Police Station Of Origin:
Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20190128/2193

CONTINUATION OF REPORT

Brief Details.

On 28/01/2019 at about 1730hrs, I was travelling along Commonwealth Avenue West towards Holland at the middle lane with my grey coloured Mazada 2 vehicle (SLF 5226J). I was waiting for the traffic light to turn green before I proceed. Next moment, the van (PC 1741H) collided onto the rear left of my vehicle.

After the accident, both drivers got out. I contacted my rental company who instructed me to take picture of the scene. The van driver asked me how to share location and subsequently, he called for ambulance. I took picture of his particulars, his name is Zdulkie Bin Mat Hasan, NRIC: S7040334Z. Subsequently, ambulance arrived and he got conveyed. The traffic police arrived at scene as well, the police instructed me to lodge a traffic accident report.

I wish to state that my vehicle was seriously damaged at the rear left, I do not have any passenger on board. The van suffered damages at the front right of his vehicle, I can see he has 1 passenger with him. The police have already taken the SD card for my in car camera.

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



Police Report



**SINGAPORE
POLICE FORCE**



T/20190128/2193

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20190128/2193

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2019 22:57	Vide Report No.: D/20190128/0087	Station Diary No.: 227
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Informant's Particulars

Name of Informant: ANG KA CHOU	Address: APT BLK 5 GHIM MOH ROAD #15-230 SINGAPORE 270005		
ID Type / ID No.: NRIC NO / S9701859F	Contact No.: Home/Office: Mobile: 97687942		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 22	Date of Birth: 17/01/1997	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: Student	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/01/2019 17:30	Type of Location: Straight Road
Location: Along Road 1 COMMONWEALTH AVENUE WEST				
Commonwealth Avenue west towards Holland at the middle lane				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC1741H	Van	TOYOTA	Hiace	Silver	Seriously Damaged	1
SLF5226J	Car	MAZDA	2	Grey	Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190128/2193

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

2 of 3

Report No. T/20190128/2193

CONTINUATION OF REPORT

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3 of 3

Report No. T/20190128/2193

CONTINUATION OF REPORT

Tel No: 1800-8729999

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.

Sgt 2 LIH JUN JUN

Yes

Not applicable

28/01/2019 22:57

SN 37

Authentication Stamp

NP168

Classification Of Case: