

## 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	07/02/2019 16:57
Date Of Accident	05/02/2019 14:30
Exact Location Of Accident	TPE TWDS SLE LAMP POST NUMBER : 586F
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP967J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG TECK OON PETER
NRIC No	S7311833F
Email Address	PETER@BLUECHIPCOMPUTERS.COM.SG
Mobile Phone No	(LOCAL) +65-96854342
Alternative Phone No	OTHERS-96854342
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	SIENTA 1.5G HYBRID AT ABS D/AIRBAG 2WD
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091002733-01
Cover Note Number	

### Driver

Name of Driver	ANG TECK OON PETER
NRIC No	S7311833F
Date Of Birth	20/03/1973
Occupation	INDOOR
Date Of Driving Pass	23/11/2005
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96854342
Fax Number	
Contact Number	OTHERS-96854342
Email Address	PETER@BLUECHIPCOMPUTERS.COM.SG

Address	BLK 523A TAMPINES CENTRAL 7 #08-71
Postcode	521523
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?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	NO
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)	5
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : FEMALE
Passenger 3	NAME: : NIL GENDER: : FEMALE
Passenger 4	NAME: : NIL GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 81 ANG MO KIO AVE 3 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4519999 - <b>FAX NO:</b> 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190205/2053

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	FBM5393R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SLU1156A
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 OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SMH5772B
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)	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

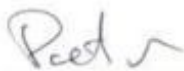
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

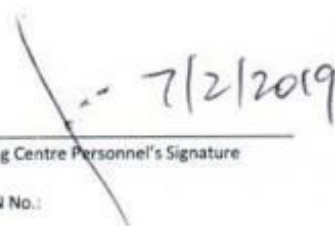
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:

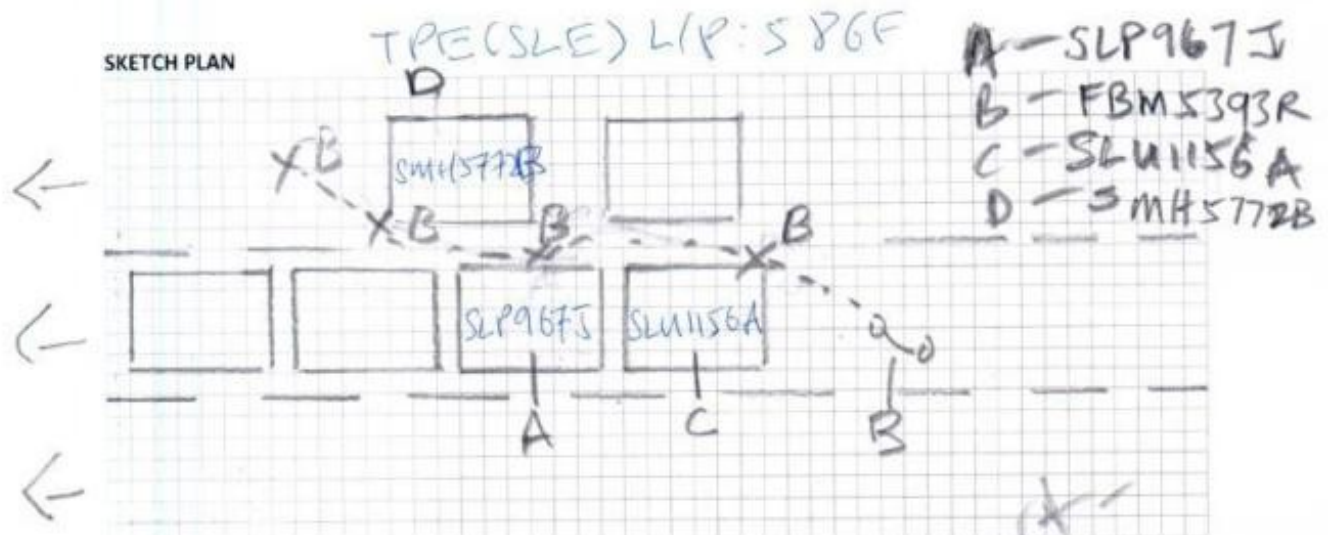


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 7/2/2019

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

## Sketch Plan #2



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

*Pls Refer to the Police Report - T/20190205/2053*

### DECLARATION

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

*PA*

Policyholder's Signature  
Date & Time:

(Attach Stated Person's Name)

*PA*

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

*7/2/2019*

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



# Sketch Plan #5



**SINGAPORE  
POLICE FORCE**



T/20190205/2053

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

3 of 4

Report No. T/20190205/2053

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	COLIN	ID No.	NIL
Related Vehicle	SLU1156A (Car)	Contact No.	96796438
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
<b>Driver</b>			
Name	WILSON	ID No.	NIL
Related Vehicle	SMH5772B (Car)	Contact No.	87425887
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 5 February 2018 at about 1430 hours, I was travelling straight along TPE(SLE) on the centre lane of 3 lane road. Subsequently, a car ahead of me, SLA5368J, jammed brake. I applied my brake and managed to stop in time. The vehicle behind me, SLU1156A, also applied brake and managed to stop in time. There is no collision between all our vehicles. Subsequently, I felt an impact on my left portion of vehicle. I spotted that a motorcycle, FBM5393R, had side swept onto my right centre portion of vehicle. The motorcycle then fell on his right and hit onto a motorcar, SMH5772B. There is in built camera in my vehicle. Traffic Police came to location. My passengers and I are not injured at the moment.

# Sketch Plan #6



TRAFFIC INVESTIGATION BRANCH  
TRAFFIC POLICE  
18 UBI AVENUE 3  
SINGAPORE 488865  
Fax: 65474749

## CASE CARD

REPORT NO.: F120190203/0127

Traffic Accident along TPECSE67 I/p: 586F

Involving vehicles: SMH5772B, SLH1156A, 3LP967J

on 03/03/2019 at about 1430 hrs. FBMS393R

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic ...  
at about ... am/pm to see the Investigation Officer to assist in the  
investigation to the traffic accident.

2. Please bring along your :-

- a) Identity card/Passport/Work Permit
- b) Driving Licence/Vocational Licence
- c) Vehicle Insurance/Medical Certificate
- d) Any video footage
- e) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: Md Noor

Contact: 6547 6201

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

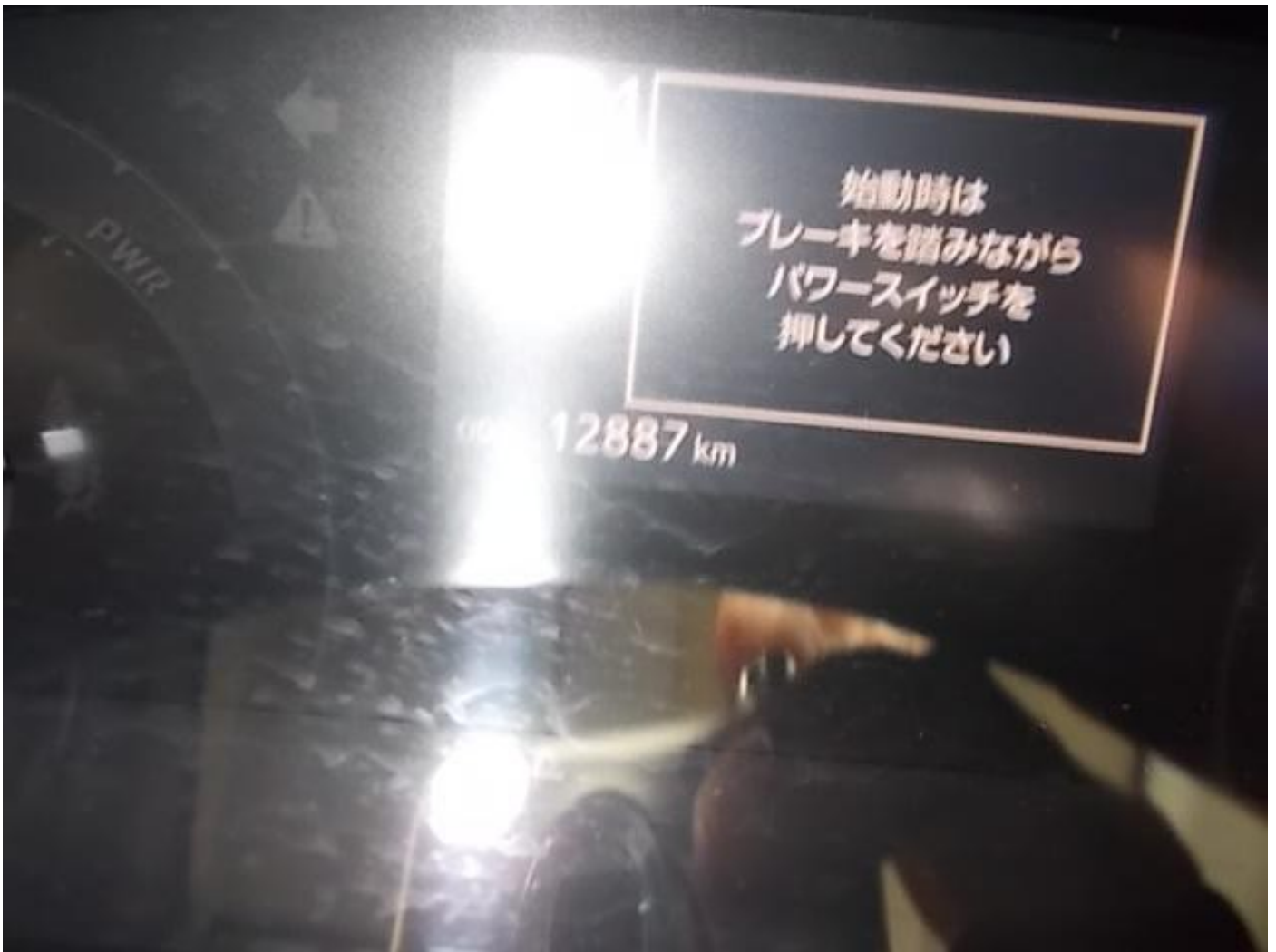




**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190205/2053

1 of 4

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20190205/2053

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2019 17:16	Vide Report No.: F/20190205/0127	Station Diary No.: 61
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### Informant's Particulars

Name of Informant: ANG TECK OON PETER			Address: APT BLK 523A TAMPINES CENTRAL 7 #08-71 SINGAPORE 521523	
ID Type / ID No.: NRIC NO / S7311833F			Contact No.: Home/Office:	Mobile: 96854342
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 45	Date of Birth: 20/03/1973	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/02/2019 14:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY SELETAR EXPRESSWAY Lamp Post Number: 586F				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBM5393R	Motorcycle	HONDA		White	Slightly Damaged	0
SLP967J	Car	TOYOTA	SIENTA 1.5G HYBRID AT ABS D/AIRBAG	White	Slightly Damaged	4
SLU1156A	Car	MERCEDES BENZ		Grey	Slightly Damaged	0



# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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569929  
Tel No: 1800-4519999



T/20190205/2053

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Report No. T/20190205/2053

## CONTINUATION OF REPORT

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH5772B	Car	RENAULT		White	Slightly Damaged	2

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP967J	NTUC Income Insurance Co-Operative Limited	5091002733-01	25/05/2018	24/05/2019

### Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	SAHHER	ID No.	S1241452H
Related Vehicle	FBM5393R (Motorcycle)	Contact No.	84287990
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	Slight
Driver			
Name	ANG TECK OON PETER	ID No.	S7311833F
Related Vehicle	SLP967J (Car)	Contact No.	96854342
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190205/2053

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

3 of 4

Report No. T/20190205/2053

### CONTINUATION OF REPORT

<b>Driver</b>			
Name	COLIN	ID No.	NIL
Related Vehicle	SLU1156A (Car)	Contact No.	96796438
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
<b>Driver</b>			
Name	WILSON	ID No.	NIL
Related Vehicle	SMH5772B (Car)	Contact No.	87425887
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 5 February 2018 at about 1430 hours, I was travelling straight along TPE(SLE) on the centre lane of 3 lane road. Subsequently, a car ahead of me, SLA5368J, jammed brake. I applied my brake and managed to stop in time. The vehicle behind me, SLU1156A, also applied brake and managed to stop in time. There is no collision between all our vehicles. Subsequently, I felt an impact on my left portion of vehicle. I spotted that a motorcycle, FBM5393R, had side swept onto my right centre portion of vehicle. The motorcycle then fell on his right and hit onto a motorcar, SMH5772B. There is in built camera in my vehicle. Traffic Police came to location. My passengers and I are not injured at the moment.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190205/2053

Police Station Of Origin:  
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81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20190205/2053

## 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 /  
Sgt 3 ZULAIKHA BINTE MOHAMED NASIR

Signature Of Informant:

*Peter*

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/02/2019 17:16

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt YAN MINGSHENG DANIEL  
Contact No.: 65476252

Classification Of Case:

Authentication Stamp  
NP168