

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	18/03/2019 16:49
Date Of Accident	15/03/2019 09:05
Exact Location Of Accident	AYE (CITY) AFTER JURONG TOWN HALL FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA6058X
Insured/Policyholder	
Name Of Registered Owner	ANG BOON AIK
NRIC No	S7323599E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96261687
Alternative Phone No	OFFICE-96261687

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE US
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	5106639511
Cover Note Number	

Driver

Name of Driver	ANG BOON AIK
NRIC No	S7323599E
Date Of Birth	03/07/1973
Occupation	INDOOR
Date Of Driving Pass	05/08/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96261687
Fax Number	
Contact Number	OFFICE-96261687
EEmail Address	NOEMAIL

Address	BLK 856 JURONG WEST STREET 81 #02-546
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

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	3
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)	1

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	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190315/2093

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN9454S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	AIDOL
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 SJV8199Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LEE
NRIC/Passport Number
Contact Number 84842052
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan


SKETCH PLAN

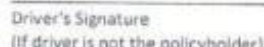
IMPORTANT NOTICE

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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.
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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.

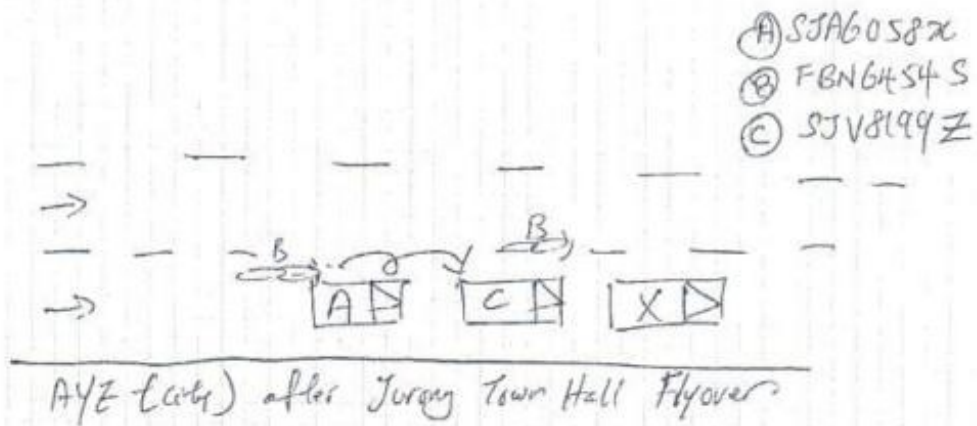

Policyholder's Signature
Date & Time:


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

Refer to police report. 1/201903/5/2093

DECLARATION

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

X [Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 18/05/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190315/2093

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

1 of 3
Report No: T/20190315/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2019 14:45	Vide Report No.: D/20190315/0039	Station Diary No.: 101
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Informant's Particulars

Name of Informant: ANG BOON AIK			Address: APT BLK 856 JURONG WEST STREET 81 #02-546 SINGAPORE 640856	
ID Type / ID No.: NRIC NO / S7323599E			Contact No.: Home/Office: Mobile: 96261687	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 45	Date of Birth: 03/07/1973	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SALESMAN			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/03/2019 09:05	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE toward CTE (After Jurong Town Hall)				
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 - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN9454S	Motorcycle				Slightly Damaged	0
SJA6058X	Car	HONDA	STREAM 1.8 A	Black	Slightly Damaged	0
SJV8199Z	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190315/2093

2 of 3

Report No. T/20190315/2093

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJA6058X	NTUC Income Insurance Co-Operative Limited	5106639511	26/12/2018	13/12/2019

Brief Details.

On 15/03/2019 at about 0905hrs, I was driving a vehicle bearing registration SJA6058X along AYE (After Jurong Town Hall). I was at the first lane of four lane road, I was travelling behind vehicle bearing registration number SJV8199Z. The front vehicle slowed down and as such I slowed down my vehicle as well. Suddenly, I felt an impact from the rear portion and I saw a motorcycle bearing registration number FBN9454S lost control and collided into rear left portion of vehicle SJV8199Z.

After the accident, the motorcyclist was conveyed by ambulance and Traffic Police came down to scene and I was given a police case card reference to incident D/20190315/0039. I was advised by the police to lodge a police report.

I wish to state that my vehicle sustained dents and scratches at the rear left bumper, front passenger door and front left bumper (near to the front passenger door).

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190315/2093

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 3

Report No. T/20190315/2093

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 2 TAN WEI REN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/03/2019 14:45

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NORAMEERA BINTE MOHAMED
HUSSEIN

Contact No.: 65476236

Authentication Stamp
NP168

Classification Of Case:

174 056

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

SKETCH PLAN

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I understand, acknowledge, agree and consent that:

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 - (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 based 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, regulations, 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.

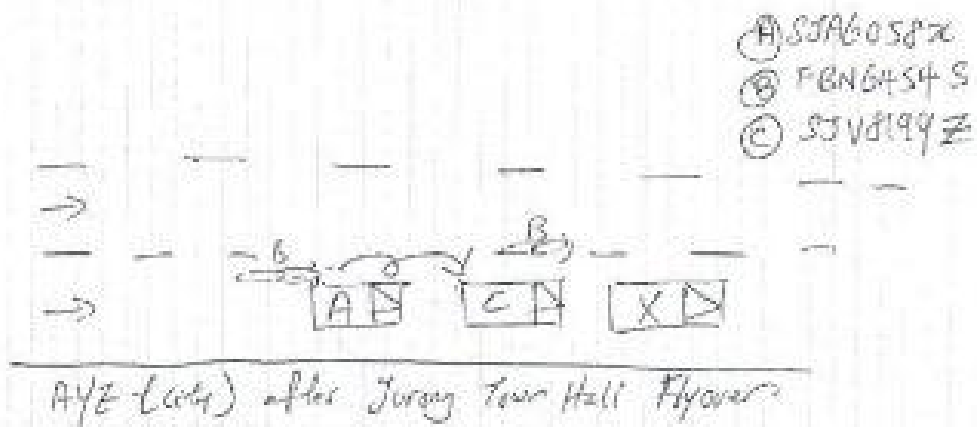
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *John Norton*
NRIC/PR No:

Accident Photo

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. 7/201983/5/2093

DECLARATION

(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 (Name and Signature)
 Name:
 NRIC/ID No.

Police Report



**SINGAPORE
POLICE FORCE**



T201903150039

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569828
Tel No: 1800-4519889

1 of 3
Report No: T201903150039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2019 14:45		Video Report No.: D/20190315/0039		Station Diary No.: 101	
Informant's Particulars					
Name of Informant: ANG BOON AIK			Address: APT BLK 858 JURONG WEST STREET 81 #02-546 SINGAPORE 640858		
ID Type / ID No.: NRIC NO / 87323599E			Contact No.: Home/Office: Mobile: 96281887		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 03/07/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALESMAN			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/03/2019 09:05	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE toward CTE (After Jurong Town Hall)				
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 - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBN9454S	Motorcycle				Slightly Damaged	0
SJA6058X	Car	HONDA	STREAM 1.8 A	Black	Slightly Damaged	0
SJVB199Z	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No:	Insurance Company:	Insurance No:	Effective:	Expiry Date:
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Police Report



SINGAPORE
POLICE FORCE



T20190315/2093

2 of 3

Report No. T20190315/2093

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569829
Tel No: 1800-4519869

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJA6058X	NTUC Income Insurance Co-Operative Limited	5106839511	28/12/2018	13/12/2019

Brief Details.

On 15/03/2019 at about 0905hrs, I was driving a vehicle bearing registration SJA6058X along AYE (After Jurong Town Hall). I was at the first lane of four lane road. I was travelling behind vehicle bearing registration number SJV8199Z. The front vehicle slowed down and as such I slowed down my vehicle as well. Suddenly, I felt an impact from the rear portion and I saw a motorcycle bearing registration number FBN9454S lost control and collided into rear left portion of vehicle SJV8199Z.

After the accident, the motorcyclist was conveyed by ambulance and Traffic Police came down to scene and I was given a police case card reference to incident D/20190315/0039. I was advised by the police to lodge a police report.

I wish to state that my vehicle sustained dents and scratches at the rear left bumper, front passenger door and front left bumper (near to the front passenger door).

Police Report



SINGAPORE
POLICE FORCE



T201503152093

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
689929
Tel No: 1800-4516699

3 of 3

Report No. T201503152093

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 2 TAN WEI REN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/03/2018 14:45

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NORAMEERA BINTE MOHAMED
HUSSEIN

Contact No : 65475236

Authentication Stamp

NP168

Classification Of Case:

01A-030

Singapore Police Force