#### 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 <u>truthful and accurate</u> 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

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
D	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

Driving Experience 22 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96261687

Fax Number

Contact Number OFFICE-96261687

EMail Address NOEMAIL

**BLK 856 JURONG WEST STREET 81** Address

#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** 

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

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

NO

Was any other material or property damaged?

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

YES 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

ROAD: 81 ANG MO KIO AVE 3, POSTCODE: 569929, COUNTRY: Police Station Address

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** 

**MOTORCYCLE** Vehicle Category

**AIDOL** Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Page 2 of 25

# **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

- 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,
- 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.
- 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.
- 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.
- 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:
  - 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:
  - 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:

parting Centre Personnel's

NRIC/FIN No.

### **Accident Sketch Plan**

		¥
SKETCH PLAN		
		(A) SJA605820 (B) FBN6454 (C) SJV81993
-	TAP C	AXD
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1445 tar	y) after Jurgey To	wr Hall Hyover
DESCRIBE CIRCUMSTANCES OF		
Refer to	folice sopert. 7	1201968/5/2007
/	1 1	[2011080]-0[3
DECLARATION		
I/We declare the foregoing particulars	are true in every respect.	,
* Stoply		an who saves
Policyholder's Signature	Driver's Signature	Reporting Centre Persognel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No. JOSH W 100

### **POLICE REPORT**





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

1 of 3 Report No. T/2019u315r2093

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

	e Report M 19 14:45	ade:	Vide Report No.: D/20190315/0039	Station Diary No. 101		
Informar	nt's Particu	ilars	3 3 3 4 4 3 5	A STATE OF THE PARTY OF THE PAR		
Name of Informant: ANG BOON AIK			Address: APT BLK 856 JURONG WES SINGAPORE 640856	ST STREET 81 #02-546		
ID Type / ID No.: NRIC NO / \$7323599E		99E	Contact No.: Home/Office:	Mobile: 96261687		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 45	Date of Birth: 03/07/1973	Type of Informant:			
Race: Chinese			Language:	Institution / School Name:		
Occupat			Driving Licence Information: Class; 3	Date of Expiry:		

Type of Accident:	Non-Injury Conveyed By Ambul	Drink Drive No	Date/Tim Accident: 15/03/20		Type of Location: Straight Road
	H EXPRESSWAY			N. V. V. V.	
Weather: Road		Road Surface Dry		Ro	ad Speed Limit;
Traffic Flow: Traffic One Way Not C		Traffic Controlle			affic Volume:
Type of Collis Between Mov	ion: ring Vehicles - Head To Re	ear		An	yone conveyed by ibulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBN9454S	Motorcycle				CONTROLL	No of Passenge
		1			Sugnity	0
SJA6058X	Car	HONDA	and the same and a same		Damaged	
SUMOUSON	Cal	HONDA	STREAM 1.8	Black	Slightly	0
C 1/04007	Car		A		Damaged	
SJV8199Z	Car		THE PROPERTY OF STREET		The second secon	0
					Slightly Damaged	0

Details of Vehicle Insurance	District Street Street		
Vehicle No. Insurance Company	Insurance No	Effective	
		CHOODAR	Expiry Date

#### POLICE REPORT





2 of 3

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Report No. T/20190315/2093

Tel No: 1800-4519999

CONTINUATION OF REPORT

Details of V	ehicle insurance		Colombia Colombia	Explry Date
VIII. TOWNSHIP CONTROL	14.0000 PHA 10.000 PM 12.00 PM 12.00 PM 10.00 P	Insurance No	Effective	The second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section
Vehicle No.	NTUC Income Insurance Co-Operative	5106639511	26/12/2018	13/12/2019

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





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.

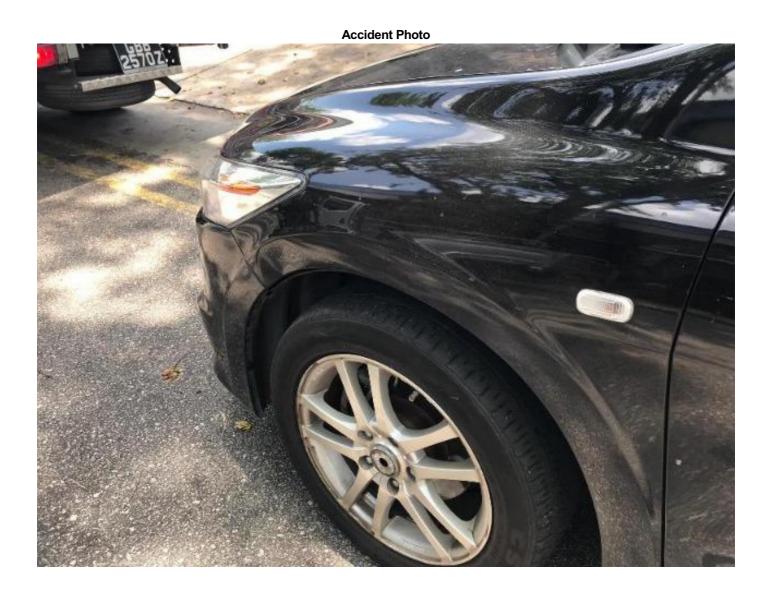
Signature Of Officer Recording The Report: F / Sgt 2 TAN WEI REN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/03/2019 14:45
Officer In Charge Of Case:	Classification Of Case:
Staff Sgt NORAMEERA BINTE MOHAMED HUSSEIN Contact No.: 65476236	FIN CES
Authentication Stamp NP168	Sure partition Force



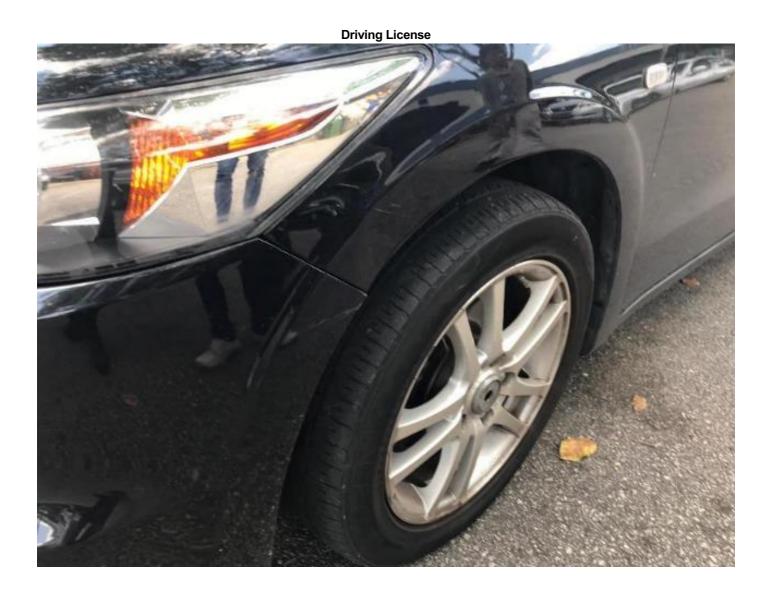






















#### SKETCH PLAN

#### IMPORTANT NOTICE

- I. Please report correctly the details of the accident to speed up the claims propers.
- 2. This form must be completed by the Policyholder and/or the Auchgrised Driver.
- Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any will ulmanegresentation or withholding of material facts may allow in surunce compartes to <u>repudded policy liability</u>.
- The issue and exceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 6. Consent under the Personal Data Protection Act (PDPA)

i priderstand, anknowledge, agree and consent that

- (a) My insurer, my workshop and the General insurance Association of Singapore (\*GIA\*) may/are permitted to soligot, ess, decises and/or process my personal dista/personal information are not in this (form), and any other personal information provided by me or possessed by the insurer (collectively the \*Personal Information\*) and disclose and transfer such Personal Information to all Insurer(s) who have insured the testingly involved in this excident (all insurer(s) who have insured exhibited involved in this excident shall be collectively referred to as the "insurers"), the Insurers lawyers/law firm, the Monstery Authority of Singaport and any relevant government agency/authority (such as the police), for the purpose(s) of the process.)
  - (ii) processing, handling and/or design 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;
  - (H) carrying out end/or dealing with my instructions or responding to any enquiries by mig-
  - (iv) administering my claims (including the mailing of correspondence, statements, involves, 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 object of anyelopes/mail packages), and/or
  - (v) otmolying with applicable law in administraing, processing, hending 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, doclose and/or process my Personal Information for one or more of the above Surposes; and
- (c) my Personal information, may/can be disclosed by any of the Insurers and/or GM to their third party service provides or agents/including their lawyers/law firms), which may be shell-builded of Singapore, for one or more of the above Payposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of insid detection, investigation and management in propertians at future claims.
- (c) the information so collected under (d) above may be shared / disclosed:
  - (ii) to all insurers and/or any other third parties that easist 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.

Pelicyholder's Signations

Oate & Tone:

Driver k Signature

(If driver is not the policyhology)

Date & Time:

Sporting Control Personners Senature

MRICHANING

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1.00		
SKETCH PLAN		
		A)SJAGOS82 B) FBN6454 S C) SJVB199 Z 
	-Lordy) after Jury Town Hall	
	ices of the accident to policy opert. The 198	
DECLARATION I/We declare the foregoing;	particulars are true in every respect.	a / who down
Policyholder's Signature Bate & Time:	(If driver is not the policyholder) No-	corting Contractification and the first of t

### **Police Report**





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

7 of 3. Report No. 1/20 190315/2003

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 15/03/20	e Report M 19 14:45	ade:	Vide Report No.: Dr20190315/0039	Station Diary No.: 101		
Informat	it's Partici	llars	THE RESERVE OF THE PARTY OF THE	MANAGEMENT OF STREET		
Name of Informant: ANG BOON AIK			Address: APT BLK 856 JURONG WES SINGAPORE 840856	T STREET 81 #02-546		
	Type / ID No.; Contact No.: 8IC NO / \$7323599E Home/Office:			Mobile: 96281687		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 45	Date of Birth: 03/07/1973	Type of Informant: Oriver			
Race: Chinese	Race: Chinese		Language:	Institution / School Name:		
Occupat SALESM			Driving Licence Information: Class: 3	Date of Expiry:		

Jeneral Infon	nation of the Accident	STATE OF THE STATE OF	CONTRACTOR NOTICE	the state of the state of the	
Type of Accident:	Non-Injury Conveyed By Ambula	Drink nce Drive: No	Date/Time of Accident: 15/03/2019 09:05	Type of Location Straight Road	
	HEXPRESSIVAY TTE (After Jurong Town Ha	I) Road Surface:			
Clear Dry				Road Speed Limit:	
One Way Not C		Traffic Control: Not Controlled		Traffic Volume Moderato	
Type of Colle Between Mov	ilon: ring Vehicles - Head To Rei	ar		Anyone conveyed by ambulance: Yes	

Vehicle No.		Make	Model	Color	Constition	No of Passeno
	Motorcycle				Slightly Damaged	D C C C C C C C C C C C C C C C C C C C
SJA6058X SJV8199Z	Car	HONDA	STREAM 1.8	Black	Slightly Damaged	0

Details of Vehicle Insurance	I CONTRACTOR OF THE PARTY OF TH	-	
Vehicle No.: Insurance Company	Insurance No	1 Etc u S	a Property
	There is the 19th 19th	T ETICCHAO	Explry Date

#### **Police Report**



Report No. T/20190315/2003

Police Station Of Origin: Ang Ma Kia South N.P.C. 81 Ang Mo Kio Avenue 3 SINGAPORE 559929 Tel No: 1800-4619999

CONTINUATION OF REPORT

		Control Control Control	Bloom Bloom	CALL DED
	obicle insurance	Insurance No	Effective.	Expiry Date
SJA6058X	Insurance Company  NTLC Income Insurance Co-Operative	The state of the s	28/12/2018	13/12/2019
SOUR THE PARTY OF	F to Health and	25 CO 17 CO 25 CO		

On 15/03/2019 at about 0905hrs, I was driving a vehicle bearing registration \$JAS058X along AYE (Atter 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 fell 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 scane and I was given a police case card reference to incident D/20190315/0039. I was advised by the police to todge 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**





Petice Station Of Origin: Ang Me Kie South N.P.C 81 Ang Me Kie Avenue 3 SINGAPORE 589929 3 of 3 Report No. 1/20160315/2063

Tel No: 1800-4519999 CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Section of the second

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:	Classification Of Case:	
Staff Sgt NORAMEERA BINTE MOHAMED HUSSEIN Contact No.: 66478238	SH 686 755	
Authentication Stamp NP163	Sint Special Colour Carego	