

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	13/04/2019 16:35
Date Of Accident	12/04/2019 21:15
Exact Location Of Accident	CTE TWDS CITY B4 AMK AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY9372C
Insured/Policyholder	
Name Of Registered Owner	ANG ZHEN HONG
NRIC No	S8605517A
Email Address	ZEN86@ME.COM
Mobile Phone No	(LOCAL) +65-98451005
Alternative Phone No	OTHERS-98451005

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	EVOLUTION
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100487612-02
Cover Note Number	

Driver

Name of Driver	ANG ZHEN HONG
NRIC No	S8605517A
Date Of Birth	07/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2005
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98451005
Fax Number	
Contact Number	OTHERS-98451005
Email Address	ZEN86@ME.COM

Address	38 LORONG TANGGAM
Postcode	798739
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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 POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: F20190413/7003

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT WORKING, SD CARD WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE4089T
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 INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	BLEEDING FROM THE HEAD
Injured person in which vehicle?	FBE4089T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ANG ZHEN HONG
Approximate Age	
Injuries Sustain	NECK,SHOULDER,BACK,WAIST & FOOT
Injured person in which vehicle?	SGY9372C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

13/4/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

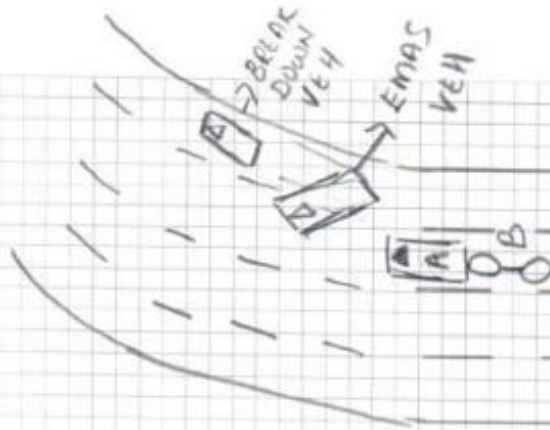
Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A - SG49372C
B - FBE4089T



CTE TANDS CITY
BY AMK AVE 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: F/20190413/7003

DECLARATION

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

Policyholder's Signature

Date & Time:

13/4/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



F/20190413/7003

1 of 2

POLICE REPORT (NP299)

Report No. F/20190413/7003

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No 1800-2180000

Date/Time Report Made 13/04/2019 07:01	Video Report No.	Station Diary No.
Name Of Informant ANG ZHEN HONG	Address 38 LORONG TANGGAM SINGAPORE 786738	
ID Type / ID No. NRIC NO / S8605517A	Contact No. Home/Office:	Mobile: 98451005
Nationality SINGAPORE CITIZEN	Email Address zen98@me.com	
Occupation SELF EMPLOYED	Sex Male	Age 33
Institution/School Name	Date of Birth 07/02/1996	Race Chinese
	Language English	
Date/Time Of Incident 12/04/2019 21:15 - 12/04/2019 22:05	Location Of Incident CENTRAL EXPRESSWAY	

Brief details.

I was driving my vehicle SGY 9372 C on the right most lane of the CTE towards City before AMK Ave 1 exit when around the bend I saw traffic cones and a EMAS vehicle with its blinker lights on attending to a vehicle breakdown on the right most lane. As it was a bend, I didnt see the traffic cones and EMAS vehicle until I was near them. As I signaled and tried to change lane to the middle lane, a vehicle on that lane sped up and prevented me from changing lanes. As such I had to brake hard as I was about to collide into the traffic cones. Immediately I heard a loud bam and my vehicle was pushed forward and I swerved to avoid the traffic cones. I alighted from my vehicle and saw a motorcyclist lying on the road beside his motorcycle(FBE 4089 T). I saw him bleeding from the head and called for an ambulance

Signature Of Officer Recording The Report Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter Not applicable	Date/Time: 13/04/2019 07:01
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



F/20190413/7003

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

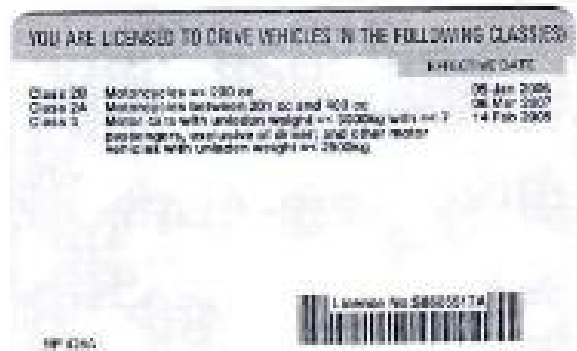
Report No. F/20190413/7003

immediately. He was conveyed to hospital. After which a Traffic Police officer arrived on the scene and took down my particulars. I went back home and not long after i started feeling pain in my neck, shoulder, back, waist and right foot. I went to Sengkang General Hospital A&E Dept and was given medication, an injection and MC for 2 days.

Subjects Involved			
Victim			
Person Name	ANG ZHEN HONG		
ID Type	NRIC NO	ID No	88605517A
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	SELF EMPLOYED	Address Type	
Address	38 LORONG TANGGAM SINGAPORE 786738	Mobile No	98451005
Is Informant A Victim?	Yes		
Person Name	ANG ZHEN HONG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time 13/04/2019 07:01
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo

