

## 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	15/04/2019 19:47
Date Of Accident	14/04/2019 20:50
Exact Location Of Accident	YISHUN AVE 5 TOWARDS SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2835Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG LYE BENG
NRIC No	S1604314A
Email Address	MG3SOLUTION@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94877972
Alternative Phone No	OFFICE-94877972

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY
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	5104751621
Cover Note Number	

### Driver

Name of Driver	ANG LYE BENG
NRIC No	S1604314A
Date Of Birth	03/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1989
Driving Experience	30 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94877972
Fax Number	
Contact Number	OFFICE-94877972
Email Address	MG3SOLUTION@GMAIL.COM

Address	BLK 298 #06-47 YISHUN STREET 20
Postcode	760298
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 - CHANGE/CROSS LANE
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)	4
Passenger 1	NAME: : LIM SIEW KEE GENDER: : FEMALE
Passenger 2	NAME: : VIVIAN ANG HUI TING GENDER: : FEMALE
Passenger 3	NAME: : JONATHAN ANG CHIN KIAT GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

#### 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	SJS4470G
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 INJURED PERSON 1

Name ANG LYE BENG  
Approximate Age 55  
Injuries Sustain PAIN ON SHOULDER AND NECK ON LEFT SIDE  
Injured person in which vehicle? SLT2835Y  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address BLK 298 #06-47 YISHUN STREET 20  
Postcode 760298

#### DETAILS OF INJURED PERSON 2

Name DAUGHTER  
Approximate Age  
Injuries Sustain SHOULDER AND NECK PAIN  
Injured person in which vehicle? SLT2835Y  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

SKETCH PLAN

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7. By the lodging 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/are 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 located 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 (a) 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:

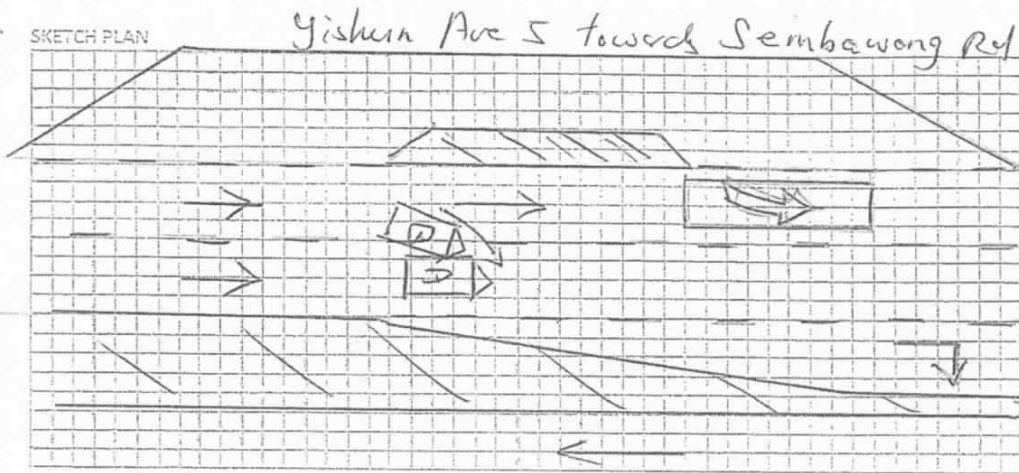
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

15 APR 2019

**NG WING KIN JAMES**  
admin.vac@vicom.com.sg





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer to Police Report*

*Report No :-*

*T/20190415/2099*

*(A) SLT 2835 Y*

*(B) SJS 4470 G*

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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:



*15 APR 2019*

**NG WING KIN JAMES**  
admin.vac@vicom.com.sg



**SINGAPORE  
POLICE FORCE**



T/20190415/2099

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

1 of 3

Report No. T/20190415/2099

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/04/2019 14:38	Vide Report No.:	Station Diary No.: 36
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**Informant's Particulars**

Name of Informant: ANG LYE BENG	Address: APT BLK 298 YISHUN STREET 20 #06-47 SINGAPORE 760298		
ID Type / ID No.: NRIC NO / S1604314A	Contact No.: Home/Office: Mobile: 94877972		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 55	Date of Birth: 03/09/1963	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/04/2019 20:50	Type of Location: Straight Road
Location: Along Road 1 YISHUN AVENUE 5  YISHUN AVE 5 TWDS SEMBAWANG, BUS-STOP BEFORE SEMBAWANG RD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SJS4470G	Car	TOYOTA			Slightly Damaged	0
SLT2835Y	Car	HONDA	CITY 1.5 SV CVT	Grey	Seriously Damaged	3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT2835Y	NTUC Income Insurance Co-Operative Limited	5104751621	24/10/2018	23/10/2019



**SINGAPORE  
POLICE FORCE**



T/20190415/2099

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

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Report No. T/20190415/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG LYE BENG	ID No.	S1604314A
Related Vehicle	SLT2835Y (Car)	Contact No.	94877972
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 14-04-2019 at 2050hrs, I was travelling in my vehicle SLT2835Y on the right lane, along Yishun Ave 5 towards Sembawang Rd. Before the bus-stop near Sembawang Rd, there was a vehicle SJS4470G which had suddenly cut into my lane and collided onto the rear left side of my door.

I felt pain on my shoulder and neck on the left side and had seek medical attention and was given 3 days MC. My daughter who is 20yr old also complained of shoulder and neck pain. She was given 2 days MC. I do not know whether the other driver is injured or not.

The other car's driver name is Ahmad Hp-97107221.



**SINGAPORE  
POLICE FORCE**



T/20190415/2099

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

3 0 0  
Report No. T/20190415/2099

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:

G /

SI ABU BAKAR BIN ESKAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI-TING, STEPHANIE

Contact No: 65476414

POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

15/04/2019 14:38

Classification Of Case: