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 | 19/07/2019 18:49 |
| Date Of Accident | 18/07/2019 21:10 |
| Exact Location Of Accident | GAMBAS AVE TWDS WOODLANDS AVE 12 |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SGD9919L |
| Insured/Policyholder | |
| Name Of Registered Owner | ANG JIE LIANG |
| NRIC No | S9541430C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91187443 |
| Alternative Phone No | OFFICE-91187443 |
| Vehicle Particulars | |
| Manufacturer | AUDI |
| Model | A6 2.0 TFSI MU |
| 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 | 5109987578 |
| Cover Note Number | |
| Driver | |
| Name of Driver | ANG HELIANG |

Name of DriverANG JIE LIANGNRIC No\$9541430CDate Of Birth17/11/1995OccupationOUTDOORDate Of Driving Pass08/11/2018

Driving Experience 0 YEAR AND 8 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91187443

Fax Number

Contact Number OFFICE-91187443

EMail Address NOEMAIL

BLK 734 WOODLANDS CIRCLE Address

#10-353

Postcode 730734

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

CHAIN COLLISION Type Of Accident

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : TEO YONG 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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190719/7017.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJU7149E

Vehicle Make/Model/Colour **VOLSWAGEN SCIROCCO**

Details Of Properties

PRIVATE CAR Vehicle Category

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 SLW3978X

Vehicle Make/Model/Colour KIA K3

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 SLN3759J

Vehicle Make/Model/Colour TOYOTA CAMRY

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 JIE LIANG

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SGD9919L
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name TEO YONG KIAT

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SGD9919L

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- L. Please report correctly the details of the occident to speed up the claims process.
- 2. This Form must be completed by the Polleyhelder and/or the Authorited Delver.
- Information provided must be as truthful and accurate as opsible. Any wiful misrapreses abon or with toking of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and secret ence of this Form by incurance companies is not as admission of palicy liability on the sect of the insurance companies.
- i. Any fairs resorting may be referred to the Police for investigation.
- The report will be focused 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
- By the lodgment of this report to the insurers, you hareby consent to the archifug of this report at the centre and to copies of
 the report being made available afoneseld.
- I. Consert under the Personal Data Protection Ast (POPA)

I understand, acknowledge, agree and consent that:

- (s) My incurer, my workshop and the Genoral 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 insurings) 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 away favorable and any relevant government agency/ authority (such as the police), for the purpose(s) of:
 - processing, hendling end/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 dolmus
 - (fill) carrying out and/or dealing with my instructions of responding to any enquiries by me;
 - (iv) administering sty claims (including the making of correspondence, statements, invoices, reports or notices to me, which could invoive 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. lookestively the "Purposes")
- (b) oil insurer(s) who have insured vehicle(s) involved in this configuration for one or more of the above Purposes; 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 senses providers or agents/including their liveyen/aw firms), which may be sized outside of Singapore, for one or more of the above Pumposes.
- (b) my Personal information will also be coffeeded and used to compile claims history for the purpose of found detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) shove may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, lave enforcement and government agendes as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws ar court orders.

Folizykolter's Signature Dube & Times

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

KRIC/FIN No.:

Arborting Centre Perso

el's Signature

Page 5 of 23

Accident Sketch Plan

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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20190719/7017

| REPORT | F A TRAFFI | CACCIDENT | | | |
|--|-------------------------|------------------------------|---|----------------------------|--|
| Date/Time Report Made: 19/07/2019 15:34 | | | Vide Report No.: | Station Diary No.: | |
| Informa | nt's Partic | ulars | | | |
| Name of ANG JIE | Informant: LIANG | | Address: APT BLK 734 WOODLANDS 730734 | CIRCLE #10-353 SINGAPORE | |
| ID Type NRIC N | / ID No.; D / S95414 | 30C | Contact No.: Home/Office: Mobile: 91187443 | | |
| National SINGAP | ity: ORE CITIZ | EN | Email: ang.jiellang.5@gmail.com | | |
| Sex: Male | Age: 23 | Date of Birth: 17/11/1995 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: Sales | | | Driving Licence Information: Class: | Date of Expiry: | |

| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 18/07/2019 21:10 | Type of Location Straight Road | |
|-----------------------------------|------------------|--------------------------------------|---|-------------------------------------|--|
| Location: GAMBAS AV | ENUE | | | | |
| Weather: Clear | | Road Surface: | | Road Speed Limit: 50 Km/h | |
| Clear | | Dry | | 50 Km/h | |
| Clear Traffic Flow: One Way | | Traffic Control: Pedestrian Cross | ing | 50 Km/h Traffic Volume: Heavy | |

| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenge |
|-------------|------|------|-------------------|-------|---------------------|----------------|
| SGD9919L | Car | AUDI | A6 2.0 TFSI MU | Black | Slightly Damaged | 1 |
| SJU7149E | Car | | | | | 0 |
| SLN3759J | Car | | | | | 0 |
| SLW3978X | Car | 1 | | | - | 0 |



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190719/7017

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | | |
|------------------------------|--|--------------|------------|--|--|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date | |
| SGD9919L | NTUC Income Insurance Co-Operative Limited | 5109987578 | 29/05/2019 | SERVICE AND ADDRESS OF THE PARTY OF THE PART | |

| Details of Perso Any Pedestrian I | | STATE OF THE | | | |
|--------------------------------------|-----------------------|--------------|-------------------------------------|-------------------|-----------------------------------|
| No. of Pedestrian | ns Injured: NII | Use of Pe | destriar | n Cross | tion: NA |
| Passenger | | 030 017 0 | Geot ital | CHOS. | Mily. 140 |
| Name | TEO YONG KIAT | | ID No |). | NIL |
| Related Vehicle | SGD9919L (Car) | | Contact No. | | 82988487 |
| Hospital/Clinic | NIL | | Class Drivin Licen Expir | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL Date Disc | | harge | NIL | |
| No. of Days gran | ted Medical Leave 05 | Degree of | | | |
| Driver. | The second second | BENEVAL SHE | STATE OF THE PARTY NAMED IN | COLUMN TO SERVICE | The same of the |
| Name | ANG JIE LIANG | | ID No | | S9541430C |
| Related Vehicle | SGD9919L (Car) | | Conta | ct No. | 91187443 |
| Hospital/Clinic | NIL | | Class Drivin Licent Expiry | g 58 & | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Disci | harge | NIL | |
| No. of Days gran | ed Medical Leave 05 | Degree of | | Slight | |

Brief Details.

On the stated time and date, I was travelling on my vehicle bearing carplate number SGD9919L, traffic was slow moving and to a stop. suddenly I felt a great impact from my rear, I alighted my vehicle and realise that vehicle B SJU7149E had collided to my rear, the Impact was so big until my vehicle inch forward to collided to the front vehicle bearing carplate number SLW3978X and another vehicle infront bearing carplate number SLN3759J.

I felt uncomfortable and went to consult a doctor and get 5 days MC.

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

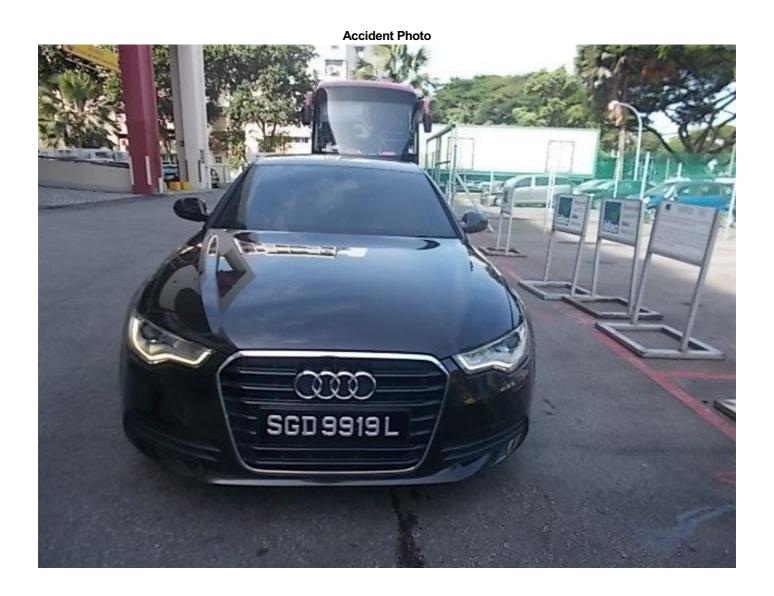
3 of 3 Report No. T/20190719/7017

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

| 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: 19/07/2019 15:34 |
| Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65472076 | Classification Of Case: |

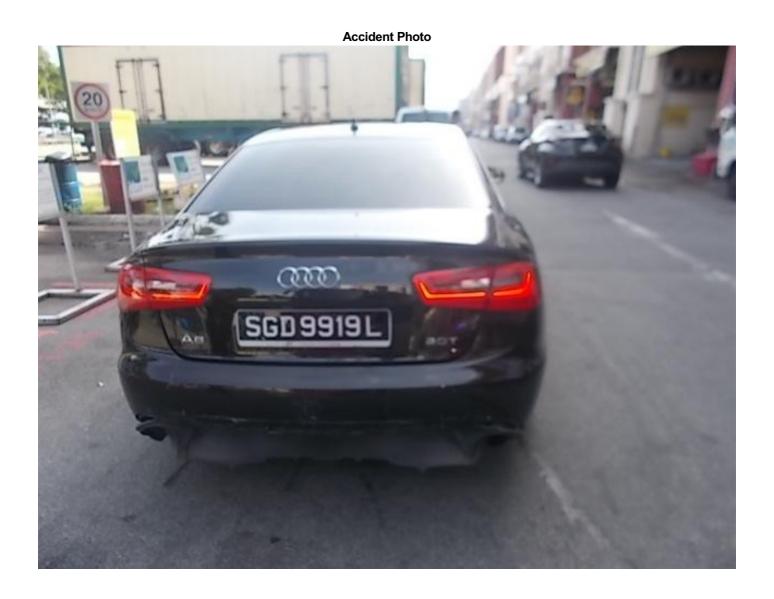




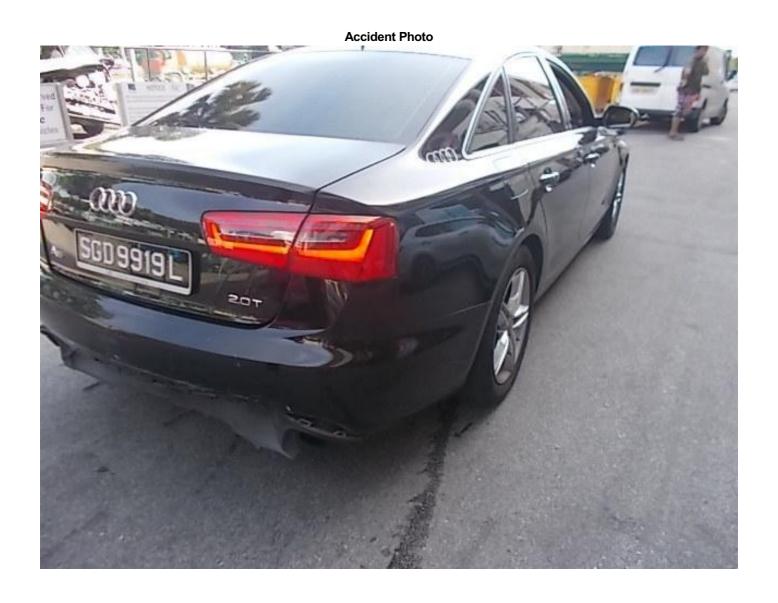






















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