

## 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	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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD9919L
<b>Insured/Policyholder</b>	
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 JIE LIANG
NRIC No	S9541430C
Date Of Birth	17/11/1995
Occupation	OUTDOOR
Date Of Driving Pass	08/11/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91187443
Fax Number	
Contact Number	OFFICE-91187443
EEmail Address	NOEMAIL

Address	BLK 734 WOODLANDS CIRCLE #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

Type Of Accident	CHAIN COLLISION
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
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)	2
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
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
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	
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 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? NO  
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

Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

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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 situated 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

VEH A	SG099191
VEH B	STW31495
VEH C	STW39784
VEH D	STW31593

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police report -

## 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:  
NBIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190719/7017

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

1 of 3

Report No. T/20190719/7017

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/07/2019 15:34		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ANG JIE LIANG			Address: APT BLK 734 WOODLANDS CIRCLE #10-353 SINGAPORE 730734		
ID Type / ID No.: NRIC NO / S9541430C			Contact No.:		Mobile: 91187443
Nationality: SINGAPORE CITIZEN			Email: ang.jieliang.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:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/07/2019 21:10	Type of Location: Straight Road
Location:  GAMBAS AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SGD9919L	Car	AUDI	A8 2.0 TFSI MU	Black	Slightly Damaged	1
SJU7149E	Car					0
SLN3759J	Car					0
SLW3978X	Car					0

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190719/7017

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	5109967576	29/05/2019	28/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger:				
Name	TEO YONG KIAT		ID No.	NIL
Related Vehicle	SGD9919L (Car)		Contact No.	82988487
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		05	Degree of Injury	Slight
Driver:				
Name	ANG JIE LIANG		ID No.	S9541430C
Related Vehicle	SGD9919L (Car)		Contact No.	91187443
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		05	Degree of Injury	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 in front bearing carplate number SLN3759J.

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



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190719/7017

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

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:

Authentication Stamp  
NP168

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



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