

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	13/08/2019 16:47
Date Of Accident	08/08/2019 10:00
Exact Location Of Accident	WOODLANDS AVE 12 TURN RIGHT TO GAMBAS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM8173J
Insured/Policyholder	
Name Of Registered Owner	TAN SENG
NRIC No	S1121037F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93976784
Alternative Phone No	OTHERS-93976784

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	-
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	5111290973
Cover Note Number	

Driver

Name of Driver	ANG JIE LIANG
NRIC No	S9541430C
Date Of Birth	17/11/1995
Occupation	INDOOR
Date Of Driving Pass	08/11/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91187443
Fax Number	
Contact Number	
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	FRIEND
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?	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)	3
Passenger 1	NAME: : TEO YONG KIAT GENDER: : MALE
Passenger 2	NAME: : CHIN MING HUI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: L/20190810/7018

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	GBG7792R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HARITH AMIRIN BIN MANUB

NRIC/Passport Number	S9629059D
Contact Number	88235360
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	SLIGHT
Injured person in which vehicle?	SMM8173J
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	SLIGHT
Injured person in which vehicle?	SMM8173J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	CHIN MING HUI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMM8173J
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 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:

 (08/08/19)

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

 12/08/19

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

Accident Sketch Plan

SKETCH PLAN

WOODLANDS AVE 12

A - 5mm8173J
B - 6BG 7792R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 1/20190810/7018

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 No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



L/20190810/7018

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-4660000

Report No. L/20190810/7018

Date/Time Report Made 10/08/2019 12:58	Vide Report No.	Station Diary No.
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. Home/Office: Mobile: 91187443	
Nationality SINGAPORE CITIZEN	Email Address ang.jieliang.5@gmail.com	
Occupation Sales	Sex Male	Age 23
Institution/School Name	Date of Birth 17/11/1995	Race Chinese
Date/Time Of Incident 08/08/2019 09:05 - 08/08/2019 09:30	Language English	
	Location Of Incident APT BLK 734 WOODLANDS CIRCLE #10-353 SINGAPORE 730734	

Brief details.

My friends and I were travelling at Woodlands ave 12 going to Turn Right" to gambas ave 12 . The weather is clear and the road is dry , we came to a stop at the Turn Right" cross junction towards gambas ave when the traffic light is red . After we came to a stop about approximately 7-10 secs later , a van with the carplate Number GBG7792R collide to the rear of the vehicle I'm driving with . There were 3 person including me in the car while the other party collide to my vehicle .

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: 10/08/2019 12:58
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



L201908107018

1 of 2

POLICE REPORT (NP289)

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-4660000

Report No. L201908107018

Date/Time Report Made 10/08/2019 12:58	Video Report No.	Station Diary No.
Name Of Informant ANG JIE LIANG	Address APT BLK 734 WOODLANDS CIRCLE #10-353 SINGAPORE 730734	
ID Type / ID No NRIC NO / 59541430C	Contact No. Home/Office:	Mobile: 91187443
Nationality SINGAPORE CITIZEN	Email Address ang.jeliang.5@gmail.com	
Occupation Sales	Sex Male	Age 23
Institution/School Name	Date of Birth 17/11/1995	Race Chinese
Date/Time Of Incident 08/08/2019 09:05 - 08/08/2019 09:30	Language English	
	Location Of Incident APT BLK 734 WOODLANDS CIRCLE #10-353 SINGAPORE 730734	

Brief details.

My friends and I were travelling at Woodlands ave 12 going to Turn Right* to gambas ave 12. The weather is clear and the road is dry. we came to a stop at the Turn Right* cross junction towards gambas ave when the traffic light is red. After we came to a stop about approximately 7-10 secs later, a van with the carplate Number GBG7782R collide to the rear of the vehicle I'm driving with. There were 3 person including me in the car while the other party collide to my vehicle.

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: 10/08/2019 12:58
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



L/20190810/7018

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190810/7018

Subjects Involved			
Suspect			
Person Name	Harith Amin Bin Manub		
ID Type	NRIC NO	ID No	S06290580
Gender	Male	Age	22-24
Race	Malay	Language	Malay
Address	860 Woodlands Street 83 #03-156 SINGAPORE 730880		Mobile No
			88235380
Complexion	Dark tan	Build	Very thin
Height About	170cm	Attire Last Worn	T shirt and jogger pants
Hair Colour	Blonde	Hair Style	Short-Punk
Victim			
Person Name	ANG JIE LIANG		
ID Type	NRIC NO	ID No	S9541430C
Gender	Male	Age	23
Race	Chinese	Language	English
Occupation	Sales	Address Type	
Address	APT BLK 734 WOODLANDS CIRCLE #10-353 SINGAPORE 730734		Mobile No
			91187443
Is Informant A Victim?	Yes		
Person Name	ANG JIE LIANG (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	10/08/2019 12:58
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp