

## 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	12/11/2019 13:38
Date Of Accident	10/11/2019 12:00
Exact Location Of Accident	ALONG PIE TOWARDS TUAS NEAR DUNEARN ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU4658Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AMA RENTAL PTE LTD
Co Reg No	201708966M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-87783636

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC SPORTS AT ABS D/AB
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	999994052/100864439-00000
Cover Note Number	

### Driver

Name of Driver	ANG CHOON LAY
NRIC No	S1487656A
Date Of Birth	13/05/1961
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1979
Driving Experience	39 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-94250319
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 620 BUKIT PANJANG RING ROAD #14-820
Postcode	670620
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	3
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)	2
Passenger 1	Name: : NA Gender: : Female

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	<b>ROAD:</b> 1 SEGAR ROAD , <b>POSTCODE:</b> 677738 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 10TH NOVEMBER 2019 BETWEEN 1200HRS AND 1300HRS, I WAS DRIVING MY VEHICLE BEARING LICENSE REGISTRATION NUMBER SJU4658Y (MITSUBISHI/LANCER/SILVER) ALONG THE FIRST LANE OF PAN ISLAND EXPRESSWAY TOWARDS TUAS. NEARING DUNEARN ROAD EXIT, THE VEHICLE AHEAD OF ME SLD3212A (AUDI/Q3/BLUE) STOPPED DUE TO ROAD WORKS AHEAD. AS SUCH, I STOPPED BEHIND THE VEHICLE. MY VEHICLE WAS ALREADY STATIONARY WHEN A TAXI SHA6791K (HYUNDAI/BLUE) COLLIDED INTO THE REAR OF MY VEHICLE. DUE TO THE IMPACT, MY VEHICLE SURGED FORWARD AND HAD BUMPED INTO THE REAR OF SLD3212A AHEAD OF ME. DUE TO THE ACCIDENT, I FELT PAIN ON MY NECK, STOMACH AND LEG. I AND MY PASSENGER WAS CONVEYED TO NG TECK FONG GENERAL HOSPITAL VIA AMBULANCE. I WAS DISCHARGE ON THE SAME DAY ITSELF WITH MEDICAL LEAVE COVERING FROM 10TH NOVEMBER 2019 TILL 13TH NOVEMBER 2019.

#### Attachment(s)

Are accident photos available for attachment?	YES
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Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA6791K  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
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 SLD3212A  
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 CHOON LAY  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

Common Statement



**SINGAPORE  
POLICE FORCE**



T/20191111/2041

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20191111/2041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/11/2019 12:24		Vide Report No.:		Station Diary No.: 60	
<b>Informant's Particulars</b>					
Name of Informant: ANG CHOON LAY			Address: APT BLK 620 BUKIT PANJANG RING ROAD #14-820 SINGAPORE 670620		
ID Type / ID No.: NRIC NO / S1487656A			Contact No.:		Mobile: 94250319
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 13/05/1961	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Grab driver		Driving Licence Information: Class: 2B,2A,3,4,5		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/11/2019 12:00	Type of Location: EXPRESSWAY
Location: Along Road 1 PAN ISLAND EXPRESSWAY  PIE TOWARDS TUAS NEAR DUNEARN ROAD EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SDL3212A	Car					0
SHA6791K	Car					0
SJU4658Y	Car	MITSUBISHI	LANCER	Silver	Seriously Damaged	1

Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20191111/2041

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20191111/2041

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG CHOON LAY	ID No.	S1487656A
Related Vehicle	SJU4658Y (Car)	Contact No.	94250319
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	10/11/2019	Date Discharge	10/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 10th November 2019 between 1200hrs and 1300hrs, I was driving my vehicle bearing license registration number SJU4658Y(Mitsubishi/Lancer/Silver) along the first lane of Pan Island Expressway towards Tuas. Nearing Dunearn road exit, the vehicle ahead of me SLD3212A(Audi/Q3/Blue) stopped due to road works ahead. As such, I stopped behind the said vehicle. My vehicle was already stationary when a taxi SHA6791K(Hyundai/Blue) collided into the rear of my vehicle. Due to the impact, my vehicle surged forward and had bumped into the rear of SLD3212A ahead of me.

Due to the accident, I felt pain on my neck, stomach and leg. I and my passenger was conveyed to Ng Teng Fong general hospital VIA ambulance. I was discharged on the same day itself with medical leave covering from 10th November 2019 till 13th November 2019.

**Accident Sketch Plan**



**SINGAPORE  
POLICE FORCE**



T/20191111/2041

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20191111/2041

**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: J / Sgt 2 MUHAMMAD SIDDIQ BIN RAMLAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2019 12:24
Officer In Charge Of Case: TP / GIT / Sgt 3 MOHAMED RIZWAN BIN IBRAHIM 	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

**Accident Sketch Plan**

## SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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.



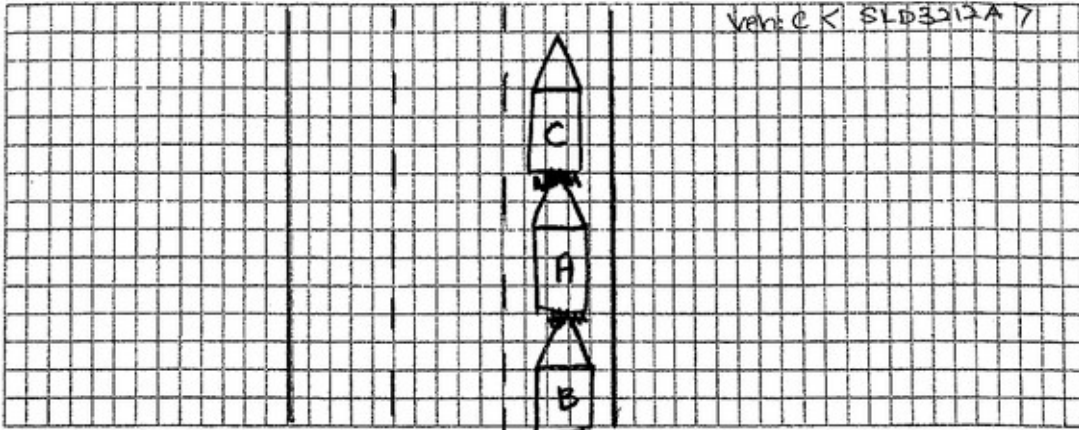
Policyholder's Signature  
Date & Time:

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

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

Along PIE TOWARDS TUAS  
 NEAR DUNEARN ROAD EXIT  
 Veh: A < SJU4658Y >  
 Veh: B < SHAG791K >  
 Veh: C < SLB3212A >

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report T/20191111/2041.

**Important:**

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/TP at other workshop

DECLARATION

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

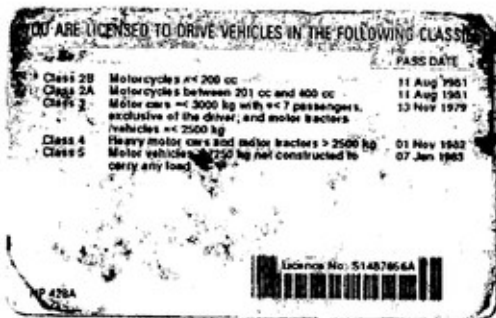


Policyholder's signature  
 Date & Time

Driver's Signature  
 (if driver not the policyholder)  
 Date & Time

Reporting Centre Personnel's Signature  
 Name:  
 Nric/Fin No.





This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	25/11/1995



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

