

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	09/12/2019 16:09
Date Of Accident	06/12/2019 12:20
Exact Location Of Accident	JUNCTION OF CLEMENTI RD / CLEMENTI AVE 02
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH1195S
Insured/Policyholder	
Name Of Registered Owner	ANG KONG HENG JIMMY
NRIC No	S0039152B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98386129
Alternative Phone No	OTHERS-98386129

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	5094409387-02
Cover Note Number	

Driver

Name of Driver	ANG KONG HENG JIMMY
NRIC No	S0039152B
Date Of Birth	15/03/1950
Occupation	INDOOR
Date Of Driving Pass	19/05/1969
Driving Experience	50 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98386129
Fax Number	
Contact Number	OTHERS-98386129
EEmail Address	NOEMAIL

Address	1 PECK HAY ROAD #11-04 CASA CAIRNHILL
Postcode	228305
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 - 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)	4
Passenger 1	NAME: : LEE LAI KIM GENDER: : FEMALE
Passenger 2	NAME: : CHIN HAN GENDER: : MALE
Passenger 3	NAME: : CHIN WEI XIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20191206/2088;

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	GBC3364R
Vehicle Make/Model/Colour	MITSUBISHI / FB70BB1SRDEA
Details Of Properties	

Vehicle Category COMMERCIAL VEHICLE
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 KONG HENG JIMMY
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKH1195S
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name •LEE LAI KIM
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKH1195S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name •CHIN HAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKH1195S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 4

Name •CHIN WEI XIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKH1195S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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.



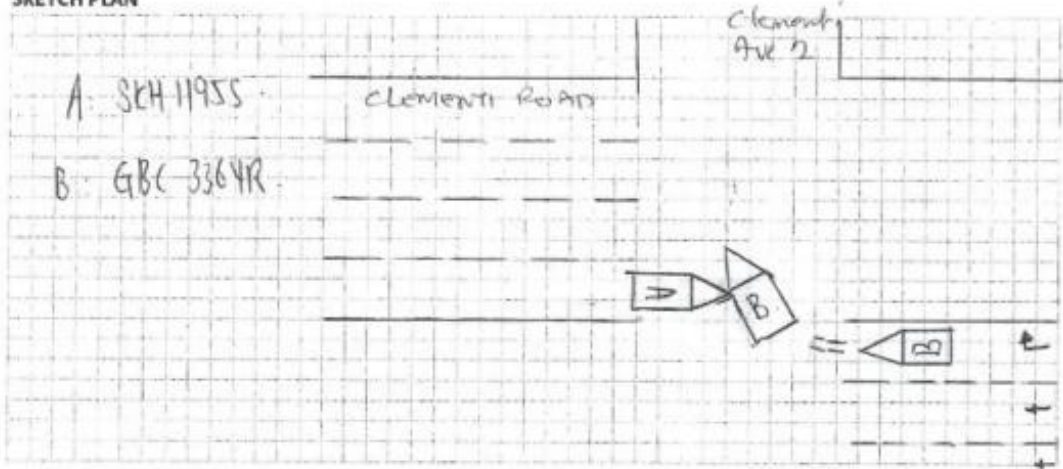
Policyholder's Signature
Date & Time:



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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer the attached Police Report No. T/2019/206 / 2088

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:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Reporting Control Personnel Signature _____

Name:

NRIC/FIN No.:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20191206/2088

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20191206/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2019 14:16	Vide Report No.: D/20191206/0069	Station Diary No.: 12
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Informant's Particulars

Name of Informant: ANG KONG HENG JIMMY			Address: 1 PECK HAY ROAD #11-04 SINGAPORE 228305	
ID Type / ID No.: NRIC NO / S0039152B			Contact No.: Home/Office: Mobile: 98386129	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 69	Date of Birth: 15/03/1950	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/12/2019 12:20	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 CLEMENTI ROAD CLEMENTI AVENUE 2 Junction of Clementi Road and Clementi Ave 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC3364R	Lorry	MITSUBISHI	FB70BB1SR DEA	White	Seriously Damaged	1
SKH1195S	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	White	Seriously Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKH1195S	NTUC Income Insurance Co-Operative Limited	5094409387-02	06/11/2019	05/11/2020

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20191206/2088

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Report No. T/20191206/2088

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	CHIN WEI XIN	ID No.	T01104481B
Related Vehicle	SKH1195S (Car)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	ANG KONG HENG JIMMY	ID No.	S0039152B
Related Vehicle	SKH1195S (Car)	Contact No.	98386129
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	LEE LAI KIM	ID No.	S1814798Z
Related Vehicle	SKH1195S (Car)	Contact No.	96958961
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

I am the driver of vehicle number SKH 1195S. On 06/12/2019 at about 1215 hrs, I was driving my car, SKH 1195S from Clementi Sport Hall going to Sixth Avenue. My wife and my two grandsons were with me.

Whilst travelling along Clementi Road towards Upper Bukit Timah, at the junction of Clementi Ave 2, one lorry suddenly turned right into Clementi Ave 2 and I was unable to brake in time and hit onto the lorry. I wish to inform my car was going straight on the right 1st lane and the traffic light was green and was in my favour.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20191206/2088

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20191206/2088

CONTINUATION OF REPORT

The lorry registration number which involved in this accident was: GBC 3364R.

After the accident, my wife, Lee Lai Kim, S1814798Z felt pain on her chest area and breathlessness. My grandson, Chin Wei Xin, T01104481B has chest pain and bruises on his chest. Both of them were subsequently conveyed to National University Hospital by Ambulance. My left fingers were scratch and my grandson, Chin Wei Han, T0726095J also felt pain on his right shoulder. and we will go see doctor later. Traffic Police officer also came and advised me to lodge a Traffic Accident Report.

My car front engine, bonnet and bumper were damaged.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20191206/2088

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20191206/2088

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:
D /
SI WONG CHONG WAI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/12/2019 14:16

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt CHONG GUAN FATT
Contact No.: 65476083

Classification Of Case:

Authentication Stamp
NP168

Clementi NPP
B'k 427 Clementi Ave 3
#01-456
S (120427)
Tel: 67759995

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



