

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	30/12/2019 11:33
Date Of Accident	27/12/2019 08:50
Exact Location Of Accident	JALAN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2935S
Insured/Policyholder	
Name Of Registered Owner	ANG ENG CHOON JULIAN
NRIC No	S6825615A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97880728
Alternative Phone No	OFFICE-97880728

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0003536
Cover Note Number	

Driver

Name of Driver	ANG ENG CHOON JULIAN
NRIC No	S6825615A
Date Of Birth	12/07/1968
Occupation	INDOOR
Date Of Driving Pass	03/07/1992
Driving Experience	27 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97880728
Fax Number	
Contact Number	OFFICE-97880728
EEmail Address	NOEMAIL

Address	BLK 272C JURONG WEST ST 24 #03-02
Postcode	643272
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?	YES
Foreign Vehicle Registration Number	JRX687 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 510 JURONG WEST STREET 52 , POSTCODE: 640510 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5648999 - FAX NO: 66655797
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO. T/20191227/2125 ATTACHED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC6242H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SAZALI
NRIC/Passport Number	
Contact Number	96172804
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JRX687
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MS TUNG
NRIC/Passport Number
Contact Number 83384925
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

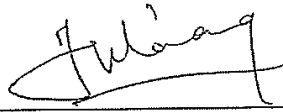
SKETCH PLAN

IMPORTANT NOTICE

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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)

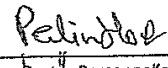
I understand, acknowledge, agree and consent that:

- (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 Person's Signature
Name:
NRIC/FIN No.:

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

UNPAID ENCLOSURE 23

SKETCH PLAN

SKETCH PLAN

BLC 785
Rooming

A
B
C

JANUARY JANUARY
JANUARY JANUARY

(A) - SLA 29355
(B) - SCC6742H
(C) - JFX687

BLC
677
Jany
West

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report - T/20191227/2125

☒ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other works hop
☐ For record purpose

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:

☒ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other works hop _____
☐ For record purpose

Policy No. _____
Insurer Swan Veh. No. SLA 29350

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

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191227/2125

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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Report No. T/20191227/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2019 16:50	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: ANG ENG CHOON JULIAN	Address: APT BLK 272C JURONG WEST STREET 24 #03-02 SINGAPORE 643272		
ID Type / ID No.: NRIC NO / S6825615A	Contact No.: Home/Office: Mobile: 97880728		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 51	Date of Birth: 12/07/1968	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: SENIOR MANAGER	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 27/12/2019 08:50	Type of Location: Straight Road
Location: Along Road 1 JALAN BOON LAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
Type of Collision: CHAIN COLLISION	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
JRX687	Car					0
SKC6242H	Car	KIA	CERATO FORTE Koup 1.6 6AT SX ABS D/AB SR	Red		0
SLA2935S	Car	MERCEDES BENZ	C 180	Black	Slightly Damaged	1

Police Report -1 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191227/2125

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Report No. T/20191227/2125

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA2935S	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0003536	13/07/2019	12/07/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	MS TUNG	ID No.	NIL
Related Vehicle	JRX687 (Car)	Contact No.	83384925
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	NIL	Degree of Injury	NIL
Name	SAZALI	ID No.	NIL
Related Vehicle	SKC6242H (Car)	Contact No.	96172804
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	NIL	Degree of Injury	NIL
Driver			
Name	ANG ENG CHOON JULIAN	ID No.	S6825615A
Related Vehicle	SLA2935S (Car)	Contact No.	97880728
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20191227/2125

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
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Report No. T/20191227/2125

CONTINUATION OF REPORT

Brief Details.

On the 27/12/2019 at about 0850hrs, I was driving in my vehicle, SLA2935S along Jalan Boon Lay. The traffic was congested. I was travelling at a slow speed. Suddenly, the vehicle, SKC6242H applied brake but was not able to prevent the collision in time. Subsequently, I alighted and discovered that it was a chain collision with another vehicle, JRX687.

No presence of Traffic Police and Ambulance. No one was injured at that point of time. There is in-cam installed in my vehicle. Both the front bumper and bonnet was dented, left headlight was shattered.



SINGAPORE
POLICE FORCE



T/20191227/2125

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Report No. T/20191227/2125

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510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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 1 LIM JUNJIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /

SSI-2 JUREMAH BINTE AHMAD
Contact No.: 65476219

SN 125

Authentication Stamp
NP168

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:
27/12/2019 16:50

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo

