

## 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             | 21/02/2020 16:45                  |
| Date Of Accident           | 21/02/2020 08:25                  |
| Exact Location Of Accident | BUKIT BATOK TWDS JURONG TOWN HALL |
| Country/State of Loss      | SINGAPORE                         |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | GBG3207R             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ANG LAI HWA          |
| NRIC No                     | S1285481A            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91541293 |
| Alternative Phone No        | OFFICE-91541293      |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | NISSAN             |
| Model  | NV200              |
| Exact Purpose for which vehicle was being used at time of accident           | WORK               |
| 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   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |                      |
|---------------------------|----------------------|
| Name of Insurance Company | LONPAC INSURANCE BHD |
| Type Of Coverage          | COMPREHENSIVE        |
| Fleet Policy              | NO                   |
| Policy Number             | Z/19/VC00/104218     |
| Cover Note Number         |                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | ANG LAI HWA           |
| NRIC No              | S1285481A             |
| Date Of Birth        | 07/10/1958            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 29/09/2003            |
| Driving Experience   | 16 YEARS AND 4 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-91541293  |
| Fax Number           |                       |
| Contact Number       | OFFICE-91541293       |
| EEmail Address       | NOEMAIL               |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 665 CHOA CHU KANG CRES #10-279 |
| Postcode  | 680665                             |
| 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 | DRIZZLING       |
| Road Surface       | WET             |

#### 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?  | 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                       | CLEMENTI NEIGHBOURHOOD POLICE POST   |
| Police Station Address                    | <b>ROAD:</b> BLK 427 CLEMENTI AVENUE 3 , <b>POSTCODE:</b> 120427 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-7759999 - <b>FAX NO:</b> 67764246  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200221/2064

#### Attachment(s)

|   |             |
|---|-------------|
| Are accident photos available for attachment? | YES         |
| Was there any video captured by Car Camera?   | YES         |
| Remarks/ Reasons:                             | WITH DRIVER |
| Was there any audio recorded?                 | NO          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | S2349CD     |
| 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

XB7569K

Vehicle Make/Model/Colour

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 LAI HWA

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBG3207R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

# Accident Sketch Plan

## 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:

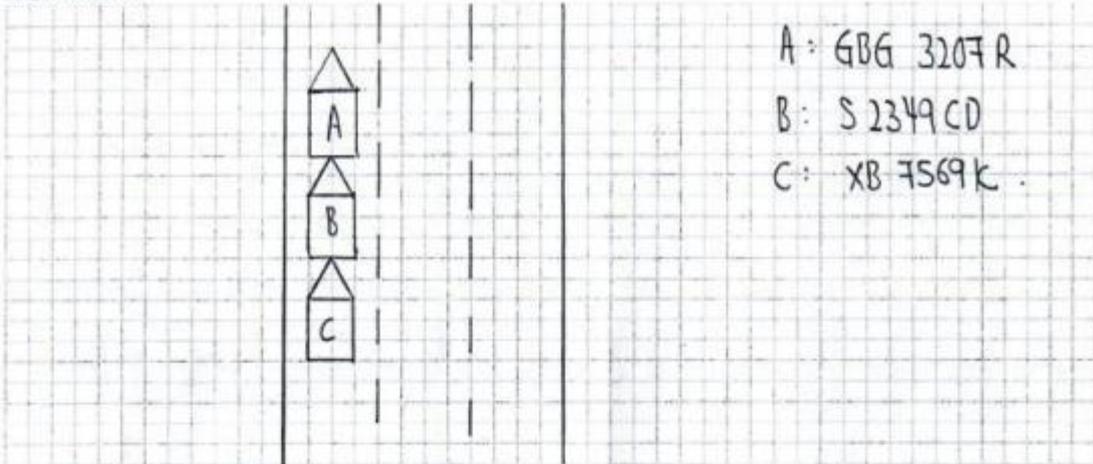
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20.02.2020 at about 8.25am. I was travelling along  
Bukit Batok Towards Jurong Town Hall. I was stationary due to front  
traffic Suddenly I felt an impact from my rear. I was involved in a  
3 vehicles chain collision.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



**SINGAPORE  
POLICE FORCE**



T/20200221/2064

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

1 of 3  
Report No. T/20200221/2064

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>21/02/2020 12:30 | Vide Report No.: | Station Diary No.:<br>12 |
|--|------------------|--------------------------|

| Informant's Particulars                  |            |  |                              |
|--|------------|--|------------------------------|
| Name of Informant:<br>ANG LAI HWA        |            | Address:<br>APT BLK 665 CHOA CHU KANG CRESCENT #10-279<br>SINGAPORE 680665 |                              |
| ID Type / ID No.:<br>NRIC NO / S1285481A |            | Contact No.:<br>Home/Office: Mobile: 91541293                              |                              |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:   |                              |
| Sex:<br>Male                             | Age:<br>61 | Date of Birth:<br>07/10/1958   | Type of Informant:<br>Driver |
| Race:<br>Chinese                         |            | Language:<br>English   | Institution / School Name:   |
| Occupation:<br>SELF-EMPLOYED             |            | Driving Licence Information:<br>Class: 3                                   | Date of Expiry:              |

| General Information of the Accident  |                  |                       |   |  |
|--|------------------|-----------------------|---|--|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>21/02/2020 08:20 | Type of Location:<br>Straight Road     |
| Location:<br>Along Road 1 Traveling Toward Road 2<br>BUKIT BATOK ROAD<br>JURONG TOWN HALL ROAD<br>Along Bukit Batok Road towards Jurong Town Hall Road |                  |                       |   |  |
| Weather:<br>Drizzling  |                  | Road Surface:<br>Wet  |   | Road Speed Limit:                      |
| Traffic Flow:  |                  | Traffic Control:      |   | Traffic Volume:<br>Heavy               |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear   |                  |                       |   | Anyone conveyed by<br>ambulance:<br>No |

| Details of Vehicle Involved |         |            |   |       |                     |                 |
|-----------------------------|---------|------------|---|-------|---------------------|-----------------|
| Vehicle No.                 | Type    | Make       | Model   | Color | Condition           | No of Passenger |
| GBG3207R                    | Car     | NISSAN     | NV200 1.5<br>MT ABS<br>AIRBAG<br>2WD 6DR<br>E5 W/RC | Red   | Slightly<br>Damaged | 0               |
| S2349CD                     | Car     | LAND ROVER |   | Grey  | Slightly<br>Damaged | 0               |
| XB7569K                     | Trailer | MITSUBISHI |   | Blue  | Slightly<br>Damaged | 0               |



**SINGAPORE  
POLICE FORCE**



T/20200221/2064

2 of 3

Report No. T/20200221/2064

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

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |                       |               |            |             |
|------------------------------|-----------------------|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company     | Insurance No  | Effective  | Expiry Date |
| GBG3207R                     | LONPAC INSURANCE BHD. | Z19VC00104218 | 24/07/2019 | 23/07/2020  |

| Details of Person Involved        |                                 |  |  |                                 |
|-----------------------------------|---------------------------------|--|--|---------------------------------|
| Any Pedestrian Involved: No       |                                 |  |  |                                 |
| No. of Pedestrians Injured: NIL   |                                 |  | Use of Pedestrian Crossing: NA         |                                 |
| Driver                            |                                 |  |  |                                 |
| Name                              | ANG LAI HWA                     |  | ID No.                                 | S1285481A                       |
| Related Vehicle                   | GBG3207R (Car)                  |  | Contact No.                            | 91541293                        |
| Hospital/Clinic                   | THE CHONG FAIMLY CLINIC PTE LTD |  | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 21/02/2020                      |  | Date Discharge                         | 21/02/2020                      |
| No. of Days granted Medical Leave | 02                              |  | Degree of Injury                       | Slight                          |

**Brief Details.**

On 21/02/2020 at about 0820hrs, I was driving a van, red Nissan MV200 bearing registration number GBG3207R, along Bukit Batok Road towards Jurong Town Hall Road, at the leftmost lane. At that point of time, the traffic volume was heavy and the road surface was wet. While I was driving, the vehicle in front of me slowed down thus I also slowed down my vehicle.

Suddenly, I felt a jerk coming from the rear of my van. I then stopped my vehicle and discovered that a car, grey land rover bearing registration number S2349CD had collided onto the rear of my van. The driver of the said car (S2349CD) who is a lady Caucasian told me that the trailer (XB7569K) had hit onto the rear of her vehicle thus her vehicle was pushed forward, ended up colliding onto my van.

I wish to state that the lady Caucasian driver told me that she is from the UK Embassy.

After the accident, I felt pain on my back and also the back of my neck where I went to "The Chong Family Clinic Pte Ltd" in Clementi to seek treatment. I was given 2 days MC.

I only took photo of the other vehicles registration number however I did not get their names and contact number.



**SINGAPORE  
POLICE FORCE**



T/20200221/2084

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

3 of 3  
Report No. T/20200221/2084

**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 /  
Sr Staff Sgt MUHAMMAD NAZRI BIN PARALI

Signature Of Informant:  
*Ang*

Signature Of Interpreter:  
Not applicable

Date/Time:  
21/02/2020 12:30

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Classification Of Case:

Authentication Stamp  
NP158 SINGAPORE POLICE FORCE SN 40  
*[Signature]*  
SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

CHASSIS NO: VSKYBAM20Z0145824  
U.L.W : 1260 KGS  
M.L.W : 2000 KGS  
P. CAP : F: 1 DRIVER, 1 OTHER  
R: 00  
TYRE SIZE : F: 175 x 70R 14PLY  
R: 175 x 70R 14PLY(S)

Accident Photo

