

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 Submission | 31/08/2020 11:33 (SGT) |
| Date of Accident | 29/08/2020 15:40 (SGT) |
| Exact Location of Accident | 105 Jln Rajah, Block 105, Singapore 320105 |
| Additional Location Information | OPEN CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLH4659P |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | ANG ENG CHEONG |
| NRIC No | SXXXX127J |
| Email Address | ROYANG23P@YAHOO.COM |
| Mobile Phone No | (Phone) +65-98500576 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|--------------------------------|
| Manufacturer | Mitsubishi |
| Model | LANCER EX 1.6 AT LED TAIL LAMP |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |

INSURANCE COMPANY

| | |
|---------------------------------|---------------|
| Name of Insurance Company | NTUC |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5116280566 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|----------------|
| Name of Driver | ANG ENG CHEONG |
| NRIC No | SXXXX127J |
| Date Of Birth | 04/06/1976 |
| Occupation | Outdoor |

| | |
|--|-----------------------|
| Date Of Driving Pass | 16/02/2001 |
| Driving experience | 19 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98500576 |
| Alt. Phone Number | - |
| Email Address | ROYANG23P@YAHOO.COM |
| Address | 588B BALESTIER ROAD |
| Address complement | - |
| Postcode | 329899 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|----------------------------|
| Type of Accident | Collision - Major/Minor Rd |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Moulmein Neighbourhood Police Post |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20200830/2053.

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 | SMA2878L |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |

| | |
|---|---|
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------------------------------|
| Name of injured person | ANG ENG CHEONG (WENG RONGZHANG) |
| Address | |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | - |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLANIMPORTANT 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. 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:

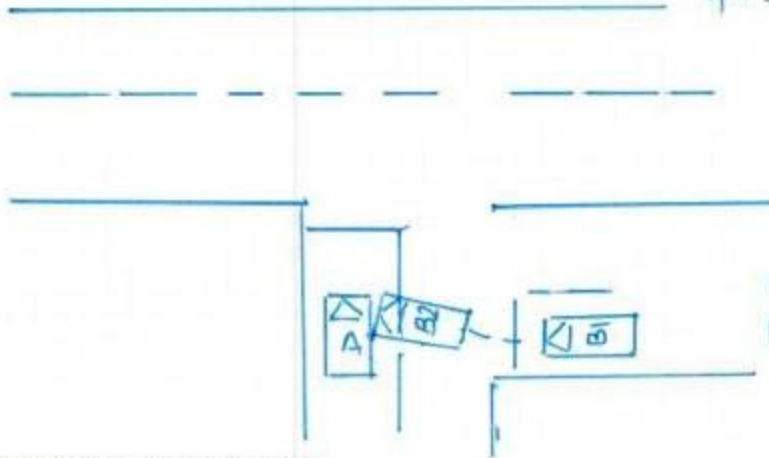
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Blok 125 Jalan Rajah
opm spua carpark



A: SUH4659 P.
B: JMA2878 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2220830/2053.

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.:

































**SINGAPORE
POLICE FORCE**



T/20200830/2053

1 of 4

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

Report No. T/20200830/2053

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 30/08/2020 15:52 | Vide Report No.: | Station Diary No.: 19 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|--|------------|--|------------------------------|
| Name of Informant: ANG ENG CHEONG | | Address: 588B BALESTIER ROAD SINGAPORE 329899 | |
| ID Type / ID No.: NRIC NO / S7617127J | | Contact No.: Home/Office: Mobile: 98500576 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 44 | Date of Birth: 05/06/1976 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: PRIVATE HIRER | | Driving Licence Information: Class: Date of Expiry: | |

| General Information of the Accident | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 29/08/2020 15:40 | Type of Location: Car Park |
| Location: JALAN RAJAH | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------------|--------------------------------|-------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SLH4659P | Car | MITSUBISHI | LANCER EX 1.6 AT LED TAIL LAMP | White | Seriously Damaged | 0 |
| SMA2878L | Car | MAZDA | | White | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLH4659P | NTUC Income Insurance Co-Operative Limited | 5116280566 | 18/02/2020 | 17/02/2021 |



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999



T/20200830/2053

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Report No. T/20200830/2053

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | ANG ENG CHEONG | ID No. | S7617127J |
| Related Vehicle | SLH4659P (Car) | Contact No. | 98500576 |
| Hospital/Clinic | UNIHEALTH 24-HR Clinic (Toa Payoh) | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 30/08/2020 | Date Discharge | 30/08/2020 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | TOH BEE KIM | ID No. | S7015666J |
| Related Vehicle | SMA2878L (Car) | Contact No. | 82882670 |
| 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 |

Brief Details.

On 29/08/2020 at about 1540hrs, I was driving my White Mitsubishi Lancer bearing the vehicle registration number SLH4659P at the open space carpark of Blk 105 to Blk 108 Jalan Rajah. At the material time, my vehicle was near the exit of the carpark, in a moving state.

At the material time when my vehicle was near the exit, moving, there was a driver driving a white Mazda bearing vehicle registration number SMA2878L and was turning out from a small road inside the open carpark in front of Blk 105 Jalan Rajah and hit onto my vehicle. The driver was a female who admitted that she did not notice and not aware of the surroundings. As such, her vehicle had hit onto mine. At the material time, I was feeling okay and we exchanged particulars. My vehicle sustained dents on the driver's and rear right passenger's door and bumper.

On 30/08/2020, I woke up feeling pain at my neck area. As such I proceeded to Unihealth 24-hr Clinic (Toa Payoh) at Blk 178 Toa Payoh Central #01-218 for further medical treatment. I was given 3 days of MC from date 30/8/2020 to 01/09/2020.

I am lodging this report for insurance claim.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999



T/20200830/2053

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Report No. T/20200830/2053

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999



T/20200830/2053

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Report No. T/20200830/2053

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:
E /
Sgt 2 YONG JUN JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
30/08/2020 15:52

Classification Of Case:



SIGNATURE





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 120074534 Vehicle Registration No: SLH 4659P
Name (as shown in NRIC) : Ang Eng Cheong NRIC/FIN/Passport No : SXXXX 127J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 98500576
Email Address : _____
Date of Accident : 29/8/20 Time of Accident : 15:40
Place of Accident : Blk 105 Jalan Rajah Open Space Carpark
Insurance Company: MTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Add In Email to royang23p@yahoo.com

Policyholder / Driver's Signature
Date:

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