

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 willful 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	09/10/2020 11:47
Date Of Accident	03/09/2020 07:45
Exact Location Of Accident	CTE TOWARDS OUTRAM PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA130Z
Insured/Policyholder	
Name Of Registered Owner	LIU ANG
NRIC No	SXXXX605C
Email Address	LIU.ANG@GREATWORLD.COM.SG
Mobile Phone No	(LOCAL) +65-92309666
Alternative Phone No	OTHERS-92309666

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS GS300 AUTO-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5103493157-01
Cover Note Number	

Driver

Name of Driver	LIU ANG
NRIC No	SXXXX605C
Date Of Birth	30/01/1981
Occupation	INDOOR
Date Of Driving Pass	12/05/2010
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92309666
Fax Number	
Contact Number	OTHERS-92309666
EMail Address	LIU.ANG@GREATWORLD.COM.SG

Address	BLK 245 TAMPINES STREET 21 #06-329
Postcode	521245
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?	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	TAMPINES NORTH NPP
Police Station Address	ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200919/2037

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	SH6916B
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)

SKETCH PLAN

IMPORTANT NOTICE

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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: 9/10/2020
11:35

Driver's Signature

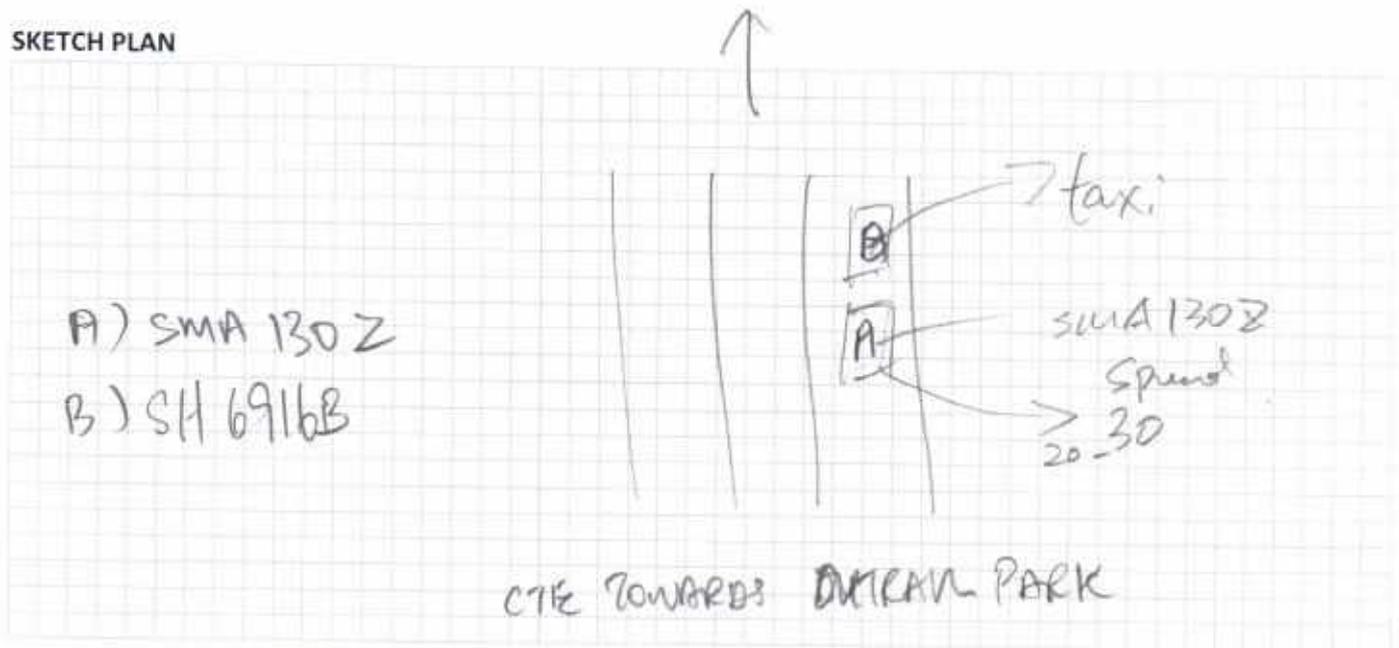
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/2020C919/2037

DECLARATION

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

Policyholder's Signature
Date & Time: 8/10/2020
11:37

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

09/10/2020
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 03/09/2020 (DD/MM/YYYY), TIME: 07:45 (HH:MM)

LOCATION: Central expressway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMA130Z
b) INSURANCE COMPANY: Income
c) POLICY NUMBER: 5103493157
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Lexus GS300
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: 07:45 / going to work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) Reporting
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Lin Ang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8176605C CONTACT: 92309666
c) ADDRESS: Tanjong St 21 BIK 245 # 06-329
S521245

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lin Ang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8176605C CONTACT: 92309666
c) ADDRESS: Tanjong St 21 BIK 245 # 06-329
S521245

* d) DATE OF BIRTH: 20/01/1981 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS 2A

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: Tanjong station

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH6916B MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email =

VIDEO

(No.)

Claim Handling

Accident MT/1102201

Policy No.	5103493157-01	Vehicle No.	SMA130Z	GST Registrati
Certificate No.				
Policyholder Name	LIU ANG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	03/09/2020 17:41	Accident Report Within 24 hrs	Non-Reporting	Accident Type
Date of Accident	03/09/2020	Time of Accident hh:mm	07:45	Country of Acc
Reporting Centre	administrator	Orange Force	No	ICM No.
Accident Location	CTE TOWARDS CITY AT KAMPONG JAVA FLYOVER			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

Benefit

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 245 #06-329	Address 2	TAMPINES STREET 21	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5103493157-01	

OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experi
Contact No.(Mobile)		Contact No.(Office)		Contact No.(H
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Modification History

Claim 003 **New**

Claim Type *	OD-MX	Insured Name	LIU
Contact No.(Mobile)	92309566	Contact No.(Home)	
Email Address	LIUANG4@YAHOO.COM	OI Vehicle Number	SM
Claim Description	SMA130Z / SH6916B ON 3 Sept 2020		
Preferred Workshop	Insured Liability	Fully at Fault	
Benefit No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received	09/10/2020 11:55	Claim Close Date
Report Taken By	ROSLI WAHAB		

Print AK letter

Save Submit

Attachment

Accident No. MT/1102201 Claim No. 003
 Last Doc. Received Yes No Upload Date 09/10/2020 12:12

Path *

Category *	Confider
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select
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<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 12:12		SAS		Normal	S
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 12:12		NRIC/ Driving License	Y	Normal	NRIC/ Driv
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 12:12		Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 11:55		Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 11:55		Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 11:55		Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 11:55		Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 11:55		Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Oct 2020 11:55		Photos		Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			



**SINGAPORE
POLICE FORCE**



T/20200919/2037

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20200919/2037

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA130Z	NTUC Income Insurance Co-Operative Limited	5103493157-01	05/12/2019	04/12/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIU ANG	ID No.	S8176605C
Related Vehicle	SMA130Z (Car)	Contact No.	92309666
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 03/09/2020 at 0745hrs, I was driving my vehicle bearing car plate 'SMA130Z' along Central Expressway (CTE) towards Outram Park. I was driving my vehicle on the outer most right lane. The traffic flow was heavy due to morning peak hour. Suddenly, a taxi in front of me bearing car plate 'SH6916B' brake. I jammed brake as well but could not stop in time resulting in a minor accident with the taxi.

The taxi suffered a scratch on the rear bumper. After this accident, both of us alighted from our respective cars. There was 2 passengers seated in the taxi then. No police nor ambulance attended to us. We exchanged our particulars and left the scene thereafter.

I am lodging this Traffic Accident Report vide TP/IP/38421/2020



**SINGAPORE
POLICE FORCE**



T/20200919/2037

3 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20200919/2037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

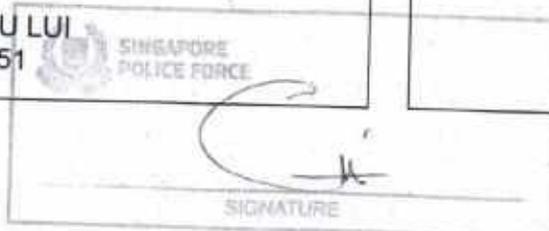


IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 CHIN CLIFFORD	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	

Signature Of Informant:	
Date/Time: 19/09/2020 12:27	
Classification Of Case:	

Authentication Stamp
NP168



Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5103493157-01		LIU ANG	S8176605C	GPC	drive CLASSIC	SMA130Z	SMA130Z	05/12/2019	04/12/2020

Continue