

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	16/11/2020 11:04
Date Of Accident	15/11/2020 15:10
Exact Location Of Accident	WOODLANDS RD TWDS BUKIT PANJANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ6316T
Insured/Policyholder	
Name Of Registered Owner	BEH KIM MOI
NRIC No	SXXXX591C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97546123
Alternative Phone No	OFFICE-97546123

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0001763_01
Cover Note Number	

Driver

Name of Driver	ANG GEOK CHUAN
NRIC No	SXXXX638C
Date Of Birth	19/09/1949
Occupation	INDOOR
Date Of Driving Pass	25/09/1969
Driving Experience	51 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97546123
Fax Number	
Contact Number	OFFICE-97546123
Email Address	NOEMAIL

Address	BLK 634 BEDOK RESERVOIR ROAD #04-15
Postcode	410634
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : BEH KIM MOI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201115/2046.

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	XE2568E
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 BEH KIM MOI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMJ6316T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ANG GEOK CHUAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMJ6316T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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8) **Consent under the Personal Data Protection Act (PDPA)**

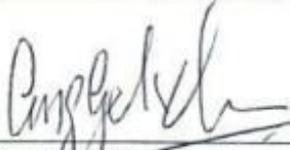
I understand, acknowledge, agree and consent that:

- 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

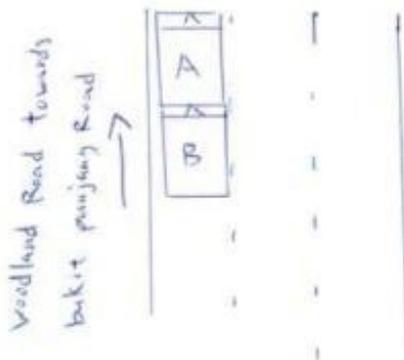
NRIC/ FIN No:

Accident Sketch Plan

SKETCH PLAN

Veh A: SMJ 6316 T

Veh B: XE 2588 E



Refer to police report T/20201115/2046

[The rest of the form is crossed out with a large diagonal line.]

DECLARATION

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

* Km Beh
Policyholder's Signature
Date & Time:

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

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

Police Report



SINGAPORE
POLICE FORCE



T/20201115/2046

2 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No: T/20201115/2046

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	BEH KIM MOI	ID No.	S0060591C
Related Vehicle	SMJ6316T (Car)	Contact No.	NIL
Hospital/Clinic	UNIHEALTH CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/11/2020	Date Discharge	15/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ANG GEOK CHUAN	ID No.	S0130638C
Related Vehicle	SMJ6316T (Car)	Contact No.	97546123
Hospital/Clinic	UNIHEALTH CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/11/2020	Date Discharge	15/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEE KIM MUN	ID No.	F7434711T
Related Vehicle	XE2568E (Lorry)	Contact No.	82872546
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: 10/02/2025
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, while I was driving my vehicle SMJ6316T with my wife (S0060591C) along woodlands road towards Bukit Panjang road I was rear ended by a vehicle XE2568E at the traffic junction near Gali Batu Bus Terminal as I was stationary and the traffic light was 'Red'. The road on the right was 'Stagmont Ring Road'. My vehicle was severely damaged on the rear side while the other vehicle suffered no damages. My wife and I felt unwell after the accident and went to consult a doctor. My wife and I were given 3 days MC. I wish to state that no ambulance and traffic police were at scene.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201115/2046

3 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20201115/2046

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20201115/2046

4 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20201115/2046

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 MUHAMMAD AFIQ BIN MOHAMMAD
AKHTAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/11/2020 18:41

Officer In Charge Of Case:
TP / AEIT /
Insp BOON YEN KIAN EVE
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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