

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 11/12/2020 16:47 (SGT)
Date of Accident 10/12/2020 10:10 (SGT)
Exact Location of Accident Minor Rd, Singapore
Additional Location Information MINOR RD TO SCOTTS RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR1077K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ANG RUI JUN
NRIC No SXXXX767G
Email Address MOW_ENGCHENG@HOTMAIL.COM
Mobile Phone No (Phone) +65-82228775
Alternative Phone No +65-82228775

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5116951453
Cover Note Number -

DRIVER

Name of Driver ANG KIAN KOK
NRIC No SXXXX670A
Date Of Birth 07/03/1947
Occupation Indoor

Date Of Driving Pass	03/10/1979
Driving experience	41 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96779833
Alt. Phone Number	-
Email Address	MOW_ENGCHENG@HOTMAIL.COM
Address	BLK 647 PASIR RIS DR 10 #05-44
Address complement	-
Postcode	510647
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Side Swipe
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201210/7038

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	SFW8883Z
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ANG KIAN KOK
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SLR1077K
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

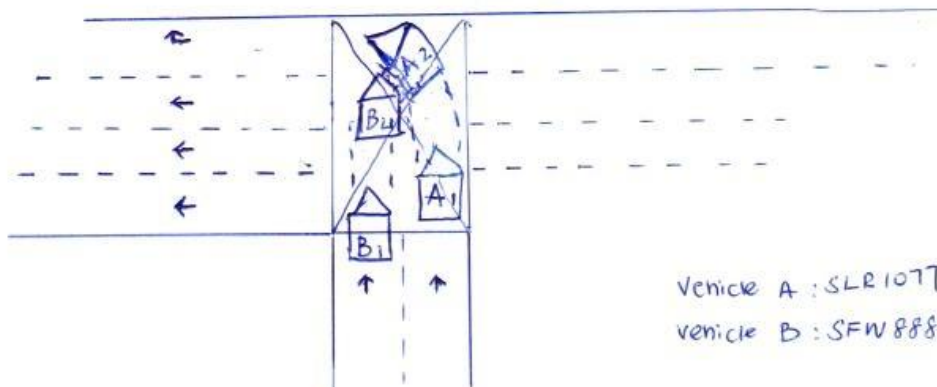
- 1) Please report correctly the details of the accident to speed up the claims process.
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- 7) By the lodgment of this report to insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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) 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:

SKETCH PLAN



Vehicle A : SLR1077K

Vehicle B : SFN8883Z

On 10/12/20 at around 1010am, I was driving my vehicle SLR1077K on the minor road to enter Scotts Road on the right lane. Once main road traffic cleared I proceed in my rightful lane keeping right as I want to make a U-turn on Scotts Road back to PIE CHANGI Direction. Suddenly I felt a huge impact on my left. I stopped and alighted and realised that vehicle SFN8883Z has collided onto my vehicle left portion causing severe damages to my vehicle. We took photos and exchange particulars.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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























**SINGAPORE
POLICE FORCE**



T/20201210/7038

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201210/7038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2020 22:04		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ANG KIAN KOK			Address: 647 PASIR RIS DRIVE 10 #05-44 SINGAPORE 510647		
ID Type / ID No.: NRIC NO / S1085670A			Contact No.: Home/Office: Mobile: 96779833		
Nationality: SINGAPORE CITIZEN			Email: MOW_ENGCHENG@HOTMAIL.COM		
Sex: Male	Age: 73	Date of Birth: 07/03/1947	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Contractor			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2020 10:10	Type of Location: Minor road to main road
Location: SCOTTS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFW8883Z	Car				Slightly Damaged	1
SLR1077K	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20201210/7038

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Report No. T/20201210/7038

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG KIAN KOK	ID No.	S1085670A
Related Vehicle	SLR1077K (Car)	Contact No.	96779833
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/12/2020	Date	10/12/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 10/12/20 at around 1010am, I was driving my vehicle SLR1077K on the minor road to enter Scotts Road on the right lane. Once main road traffic cleared i proceed in my rightful lane keeping right as I intend to make a U-turn on Scotts Road back to PIE Changi direction. Suddenly I felt a huge impact on my left. I stopped, vehicle SFW8883Z has collided onto my vehicle left portion causing damages. However he did not alight and quickly shift his vehicle to the extreme right lane on Scotts Road. I wish to state that SFW8883Z should enter lane 3/4(extreme left of Scotts Road) from minor road instead as he is on the left lane of the minor road. We exchange particulars and proceed for insurance claims. After the accident I felt pain and discomfort and consulted a doctor and was given 3 days mc.



**SINGAPORE
POLICE FORCE**



T/20201210/7038

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201210/7038

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
10/12/2020 22:04

Classification Of Case: