# **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 witholding 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.

- 4. The issue and acceptance 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 29/12/2020 13:26 (SGT) Date of Accident 28/12/2020 15:30 (SGT) Exact Location of Accident 227 Lor 8 Toa Payoh, Block 227, Singapore 310227 Additional Location Information **OPEN CARPARK** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMV708I

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ANG KOK HOW (HONG GUOHAO) NRIC No. SXXXX434G Email Address stamleyang1987@gmail.com Mobile Phone No (Phone) +65-90473114 Alternative Phone No +65-90473114

VEHICLE PARTICULARS

Manufacturer **BMW** Model 420i 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? Yes Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5119448391 Cover Note Number

DRIVER

Name of Driver ANG KOK HOW (HONG GUOHAO) NRIC No SXXXX434G Date Of Birth 07/08/1987 Occupation Indoor



Date Of Driving Pass 07/08/1987 Driving experience 33 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-90473114 Alt. Phone Number +65-90473114 Email Address stamleyang1987@gmail.com Address **BLK 155 JALAN TECK WHYE** Address complement #04-61 Postcode 680155 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **FRIEND** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN (COLLISION TYPE IS HEAD TO SIDE) ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **UNKNOWN** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

Vehicle Category

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)		_

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Rease report <u>correctly</u> the details of the accident to speed up the claims process.
  2. This Formmust be <u>completed by the Policyholder and/or the Authorised Driver.</u>
  3. Information provided must be as <u>truthful and accurate as possible</u>. Any wiful misrepresentation or withholding of material facility includes to policy liable to policy liable.
  4. The is sue and acceptance of this Form by insurance companies, so not an admission of policy liability on the part of the insurance companies.

So Any false reporting may be referred to the Police for investigation.

5. Any false reporting may be referred to the Police for investigation.

5. Any false reporting may be referred to the Police for investigation.

5. The report will be forwarded by the insurers of the GA Records Management Centre established by the General Insurance Association of Singapore (GMs) for archiving and that copies of this report will be forwarded by the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

5. Consent under the Personal Data Protection Act (PDPA)

1. understand, acknowledge, agree and consent that:

(a) My insurer, wo vorshop and the General Insurance Association of Singapore ("GM") 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" in Information and Variation of Singapore ("GM") 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 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 processed by my insurer (collectively) in the processes of the proc

the claims;

(i) investigating the accident and/or my claims;

(ii) 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 corrian 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) cormbying with applicable taw in administering, processing, handing and/or dealing with my claims.

(collectively the "Purposes")

(lo) all insurerly by the have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, discobes and/or process my Personal Information for one or more of the above Purposes; and

(or) my Personal information may/can be disclosed by my of the histories and/or GNA to that intrig party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

29/12/202 | Cliff 29/4/1021 | Policyholder's Signature / Date & Time | 10.50 q.m | Sketch Plan | 237 | UK & No. Phys. of Cffer 29/12/2020 A) Smx 708 L lorry B B) UMKNOWN >\* Impact D stationery (blacking my view of the moving

Describe Circumstances of the Accident	
I was colling out at my Cox let at	
at the other my car	
nit a moving lorry that is traveling across the corpo	rk
Long X was partied beside me and blocking my vie	2W
Lorry B nes travely in the dine spot, even though ?	
drave my for and slowly the timin of larry Rom	A
was coincidentally close to my numeral	
My car hit the reaction of the	
Decayse long to the	_
The swell away front	
whet had on impact.	_
in the ere, there was minimal somerce to lorge	17
and the driver decided not to claim against me	_
Date et accident 28/19/2020	*
That	_
F-10 DM	
Cocdian 227 Two payed lorong 8 corport	_
	_
	_
	_
	$\dashv$
claration	_
declare the foregoing particulars are true in every respect.	
Man 29/4/2020	
yholder's Signature / Date &  Driver's Signature (If driver is not the policyholder) / Date  & Time  Wifessed by Reporting Centre	9
[U-30 C/m & Time Signature (If driver is not the policyholder) / Date Wijnessed by Reporting Centre Personnel	

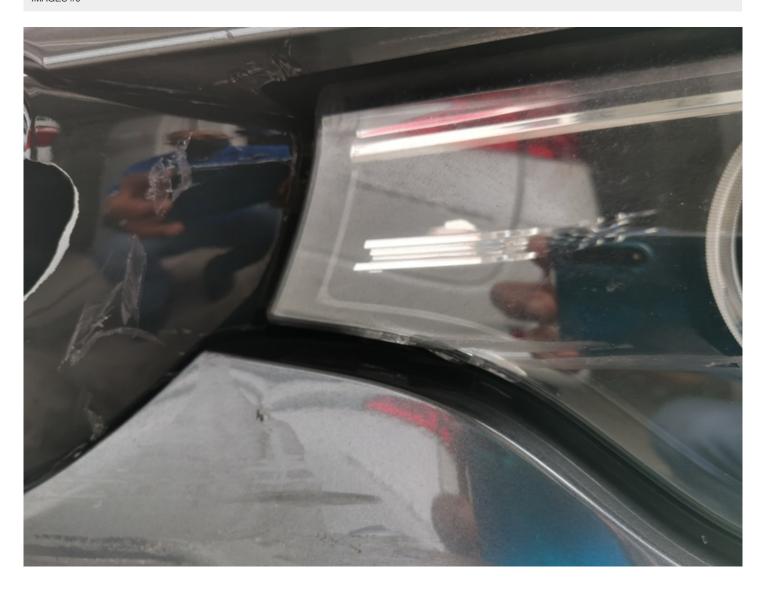










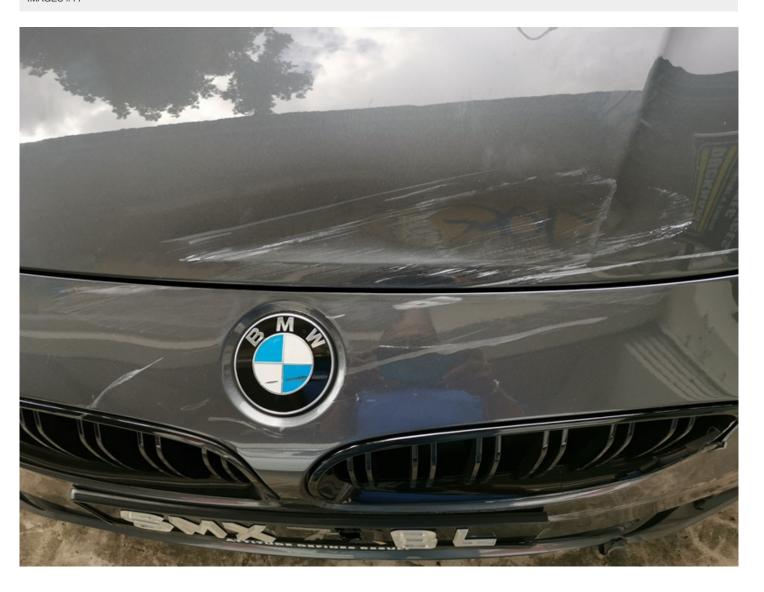


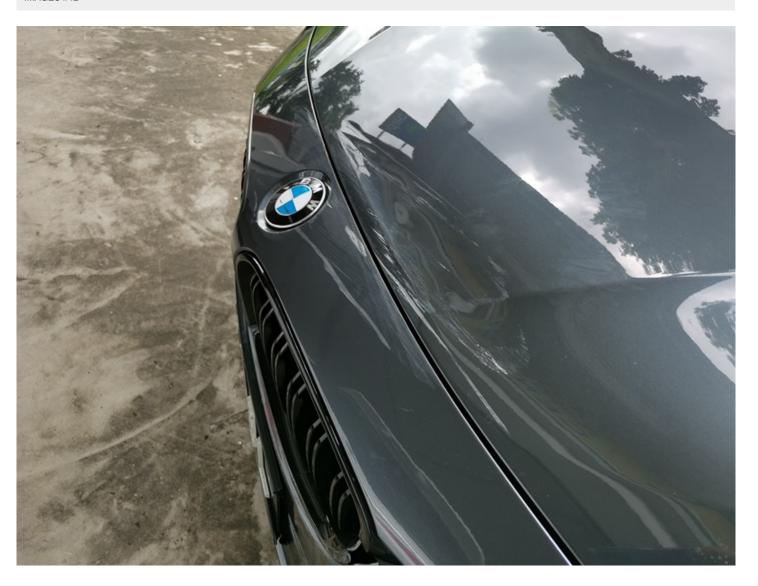




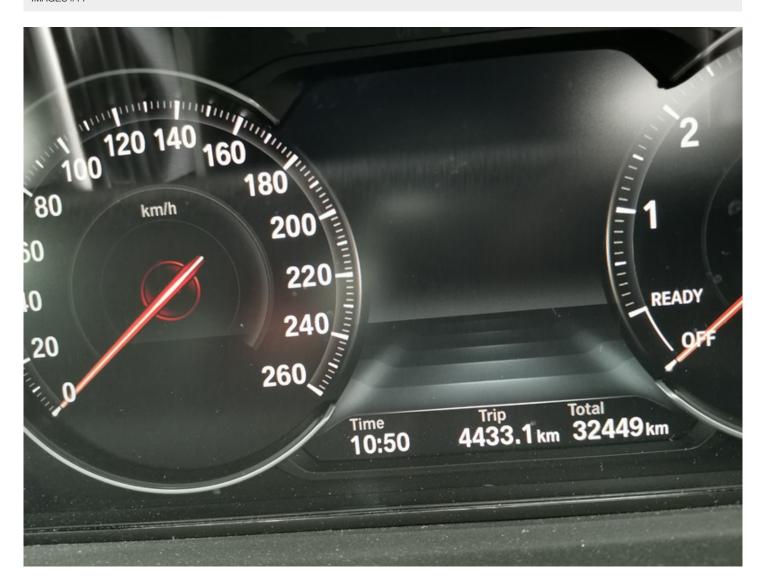




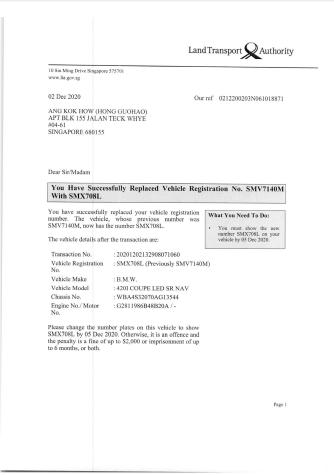












Visit www.onemotoring.com.sg for more information and to access a wide range of vehicle-related services. If you need a SingPass or CorpPass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

Yours sincerely

Assistant Registrar of Vehicles Vehicle Quota & Registration Division Land Transport Authority [This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Let's keep everyone safe on our roads!

Page 2