

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 27/01/2021 14:18 (SGT)
Date of Accident 26/01/2021 14:30 (SGT)
Exact Location of Accident Alexandra Rd, Singapore
Additional Location Information OPP ARC
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ5633X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LOTUS TRAVEL NOTE PTE LTD
Company Reg No -
Email Address A.KIATLIANG93@GMAIL.COM
Mobile Phone No (Phone) +65-85333712
Alternative Phone No +65-85333712

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vellfire
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM110176342000
Cover Note Number -

DRIVER

Name of Driver ANG KIAT LIANG
NRIC No SXXXX317I
Date Of Birth 27/11/1993
Occupation Outdoor

Date Of Driving Pass	15/05/2018
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96870397
Alt. Phone Number	-
Email Address	A.KIATLIANG93@GMAIL.COM
Address	BLK 6 GHIM MOH ROAD #05-192
Address complement	-
Postcode	270006
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210126/2107

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	SMW766Z
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) -

SKETCH PLAN

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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.
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.



[Signature]

A7

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

	<p>A: SKQ 5633 X</p> <p>B: SMW 766Z</p>
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REFER TO POLICE REPORT T20210126/2107

We declare the foregoing particulars are true in every respect.



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Witnessed by Reporting Centre
Personnel













SINGAPORE POLICE FORCE



T/20210126/2107

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20210126/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2021 20:57	Vide Report No.:	Station Diary No.: 101
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Informant's Particulars

Name of Informant: ANG KIAT LIANG			Address: APT BLK 6 GHIM MOH ROAD #05-192 SINGAPORE 270006	
ID Type / ID No.: NRIC NO / S93443171			Contact No.: Home/Office: Mobile: 96870397	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 27	Date of Birth: 27/11/1993	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

General Information of the Incident:				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/01/2021 14:30	Type of Location:
Location: ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKQ5633X	Car				Slightly Damaged	0
SMW766Z	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA		



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20210126/2107

CONTINUATION OF REPORT

Driver			
Name	ANG KIAT LIANG		ID No. S93443171
Related Vehicle	SKQ5633X (Car)		Contact No. 96870397
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN HEE SOON, MIDSEAN		ID No. S87395351
Related Vehicle	SMW766Z (Car)		Contact No. 90661775
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 26/01/2021 @1430hrs, I was stopped at a red traffic light behind car SMW766Z on the above road. I was driving car SKQ5633X on the leftmost lane. When the lights turned green, I started moving forward however, the car in front SMW766Z was still stationary. I could not stop in time and collided the front of my car SKQ5633X with the rear of car SMW766Z.

There was only light damage on car SMW766Z, only a small dent on the centre of the rear bumper of SMW766Z. My car SKQ5633X only sustained damage on the front license plate cover.

There was no ambulance or Traffic Police at scene. No government property was damaged. I am making this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20210126/2107

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Report No. T/20210126/2107

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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:

J /
SC2 RIZQULLAH RASYIDDIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /
SINGAPORE
Staff Sgt **WONG SIEU LUI**
Contact No.: 65476151

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:

26/01/2021 20:57

Classification Of Case: