

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	15/03/2021 23:20 (SGT)
Date of Accident	13/03/2021 10:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along cte towards city near exit 14
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX3939S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG BOON HOCK SUNNY
NRIC No	SXXXX395C
Email Address	andrewang81@gmail.com
Mobile Phone No	(Phone) +65-98535569
Alternative Phone No	+65-98535569

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E 250CGI
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	Aviva
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	10998034
Cover Note Number	-

DRIVER

Name of Driver	ANG BOON TECK ANDREW
NRIC No	SXXXX958Z
Date Of Birth	29/01/1981
Occupation	Indoor

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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 BOON TECK ANDREW
Address	HDB Montreal Spring, 501A Wellington Circle
Address Complement	#09-38
Post Code	751501
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMX3939S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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7. By the lodgment 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 said 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 purposes 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 (c) 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)

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

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR**

Reporting Centre Personnel's Signature
Name
NRIC/IN No.

A-SMX39393

B-SGV44617

EXIT
14

CTY



CTE



A

A

B

B

CONTACT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

ANORE

Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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



SINGAPORE POLICE FORCE

Police Station Of Origin
Sembawang N P C
4 Sembawang Crescent SINGAPORE
757633
Tel No 1800-5549999



T/20210313/2095

1 of 3

Report No. T/20210313/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2021 17:53
Vide Report No.:
Station Diary No.: 41

Informant's Particulars

Name of Informant: ANG BOON TECK, ANDREW	Address: APT BLK 501A WELLINGTON CIRCLE #09-38 SINGAPORE 751501		
ID Type / ID No.: NRIC NO / S8102958Z	Contact No.: Home/Office: Mobile: 98535569		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 40	Date of Birth: 29/01/1981	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: PROPERTY AGENT	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2021 10:45	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Plate No.	Vehicle	Make	Model	Year	Damage	Remarks
SGV4161T	Car				Seriously Damaged	0
SMX3939S	Car				Seriously Damaged	0

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



T/20210313/2096

2 of 3

Report No. T/20210313/2096

CONTINUATION OF REPORT

Driver Name	HYA TINGWEI		
Related Vehicle	SGV4161T (Car)	ID No.	S8520200F
Hospital/Clinic	NIL	Contact No.	98366198
Date Treatment	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
Driver Name	ANG BOON TECK, ANDREW		
Related Vehicle	SMX3939S (Car)	ID No.	S8102958Z
Hospital/Clinic	TRINITY MEDICAL & AESTHETIC CLINIC	Contact No.	98535589
Date Treatment	13/03/2021	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
No. of Days granted Medical Leave	05	Date Discharge	NIL
		Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was travelling along CTE near Ext 14. I was slowing down as there was heavy traffic ahead when I heard a bang on the rear of my car and felt a sudden jerk. After which, I went down the car to make a check and discovered that a car bearing the number plate SGV4161T was behind my car and had sustained severe damage on the head of the car. At about 10 50AM, the Traffic Police came and took down the particulars of the parties involved in the accident. No one was conveyed to the hospital.

On 13/03/2021 at about 1pm, I started to feel pain on my neck and back to which I decided to visit Trinity Medical and Aesthetic Clinic. The doctor gave me 5 days MC. I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20210313/2095

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20210313/2095

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: 
L /
Sgt 2 DANIAL SYAFIQ BIN MOHAMED SHARIL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476229

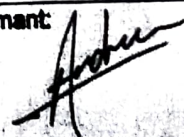
Authentication Stamp
NP168



Signature: 

SN 085

Singapore Police Force

Signature Of Informant: 

Date/Time:
13/03/2021 17:53

Classification Of Case:

Dr Chong
Family P
M.B.B.S.
Graduate
Graduate D
Graduate D