

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 22/12/2020 05:30 (SGT)
Date of Accident 19/12/2020 22:00 (SGT)
Exact Location of Accident Sengkang, Singapore
Additional Location Information SENGKANG EAST WAY TOWARDS FERNVALE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP3879Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TANG FOOK SENG
NRIC No SXXXX768J
Email Address tang_kaili@hotmail.com
Mobile Phone No (Phone) +65-96638631
Alternative Phone No +65-96638631

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 10992205
Cover Note Number -

DRIVER

Name of Driver TANG KAI LI
NRIC No SXXXX822B
Date Of Birth 03/10/1994
Occupation Indoor

Date Of Driving Pass	18/12/2017
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-96638631
Alt. Phone Number	-
Email Address	tang_kaili@hotmail.com
Address	NA
Address complement	-
Postcode	-
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Ng menn yee - CHINESE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 19/12/2020 AT ABOUT 10.00PM, I WAS INSIDE MY VEHICLE SMP3879Z AT THE CROSS JUNCTION ALONG SENGKANG EAST WAY TOWARDS FERNVALE, IN FRONT OF SENGKANG NEIGHBOURHOOD POLICE CENTRE WAITING FOR THE RED LIGHT FROM MY DIRECTION TO TURN GREEN. I WAS ON THE MIDDLE LANE OF THERE LANE ROAD. WHILE I WAS WAITING, I FELT AN IMPACT COMING FROM THE REAR RIGHT OF MY VEHICLE. THIS VEHICLE SJF7599T HAD BRUSHED PAST VEHICLES AND SBS BUS NEAR ME BEFORE HITTING ONTO THE REAR RIGHT OF MY VEHICLE. THE IMPACT HAD RESULTED MY VEHICLE TO MOVE FORWARD. MY WIFE, NAMELY NG MENN YEE, FIN NMBER G8535092M, CONTACT 97222327 WAS TOGETHER WITH ME SEATED AT THE FRONT PASSENGER SEAT AT THE POINT OF ACCIDENT. SHORTLY, POLICE OFFICERS AND PARAMEDICS ARRIVED AT MY INCIDENT. I HAVE EXCHANGED PARTICULARS WITH DRIVER OF SJF7599T. AFTER WHICH, I SEEK APPROVAL FROM THE POLICE OFFICERS AT SCENE TO LEAVE. I THEN LEFT THE INCIDENT LOCATION TOGETHER WITH MY WIFE TO HEAD HOME. WHEN MY WIFE AND I WAS ON OUR WAY BACK HOME, WE FELT UNWELL AND PAIN AT THE BACK OF OUR NECK, SHOLDER AND BACK AREA, AS SUCH, WE PROCEEDED TO FARRER PARK HOSPITAL TO SEEK MEDICAL TREATMENT. WE WERE ADMITTED IN THE HOSPITAL FROM 12.23AM TILL 5.00PM. MY WIFE AND I WERE BOTH GIVEN SIXTY DAYS OF HOSPITALIZATION LEAVE (20/12/2020 TO 17/02/2020) BY THE DOCTOR FROM FARRER PARK HOSPITAL. ON 20/12/2020 AFTER I WAS DISCHARGED FROM THE HOSPITAL, I PROCEEDED TO SENGKANG NEIGHBOURHOOD POLICE CENTRE TO LODGE A TRAFFIC ACCIDENT REPORT REFERENCE TO THE ACCIDENT TOGETHER WITH MY WIFE. I WOULD LIKE TO STATE THAT I HAVE INSTALLED IN-CAR CAMERA (FRONT AND REAR) IN MY VEHICLE AND THE RECORDINGS OF THE ACCIDENT ARE WITH ME.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJF7599T
 Vehicle Manufacturer Toyota
 Vehicle Model Vios
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver LOO TIN YOUNG
 NRIC No SXXXX883D
 Contact Number (Phone) +65-98391090
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TANG KAI LI
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SMP3879Z
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person NG MENN YEE
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SMP3879Z
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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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 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.
- (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 purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

 Policyholder's Signature
 Date & Time:

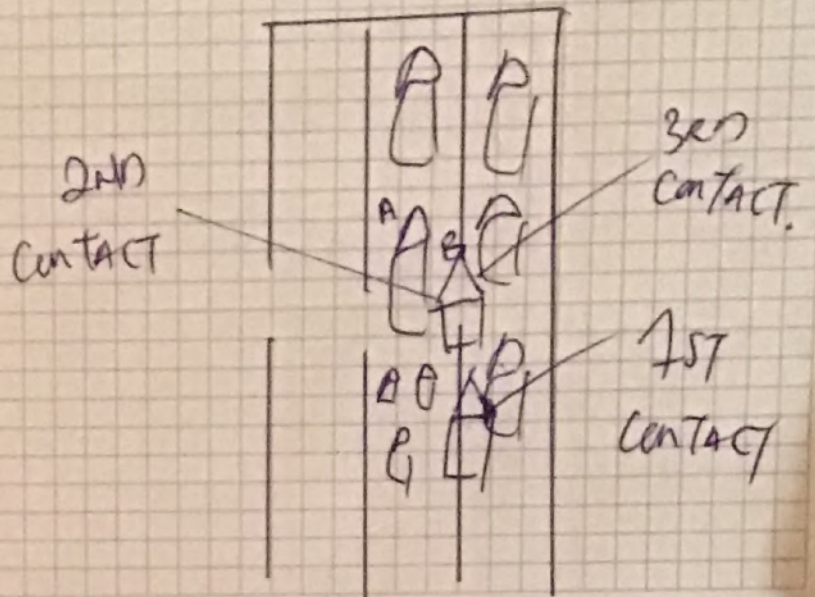
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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

ETCH PLAN

A-SMP 38792

B-SJF7599T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.







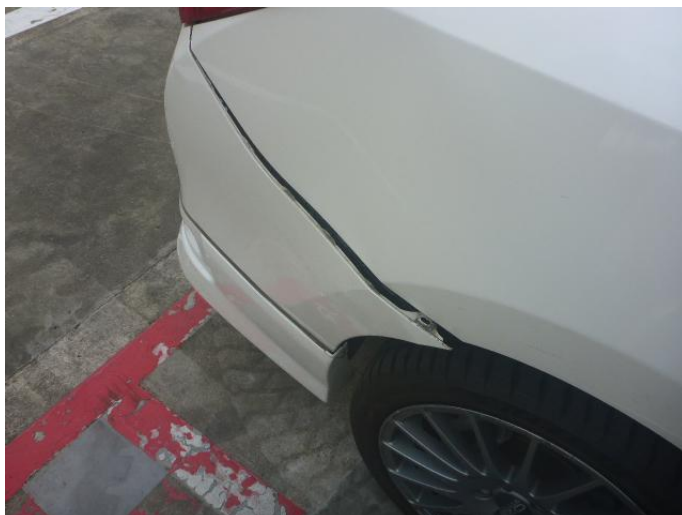


















SINGAPORE POLICE FORCE



T/20201220/2066

Police Station Of Origin:
Sengkang N.P.C
Sengkang Square #01-02 SINGAPORE
5025
Tel No: 1800-343 8999

1 of 4

Report No. T/20201220/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2020 18:16	Vide Report No.:	Station Diary No.: 93
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Informant's Particulars

Name of Informant: ANG KAI LI			Address: APT BLK 333D ANCHORVALE LINK #08-302 SINGAPORE 544333	
ID Type / ID No.: RIC NO / S9470822B			Contact No.: Home/Office: Mobile: 96638631	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 26	Date of Birth: 03/10/1994	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/12/2020 22:00	Type of Location: X-Junction
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Location:

SENGKANG EAST WAY

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow:	Traffic Control:	Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF7599T	Car					0
SMP3879Z	Car					1



**SINGAPORE
POLICE FORCE**



T/20201220/2066

Police Station Of Origin:
Sengkang N.P.C
Sengkang Square #01-02 SINGAPORE
45025
Tel No: 1800-343 8999

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Report No. T/20201220/2066

CONTINUATION OF REPORT

Driver

Name	LOO TIN YOUNG	ID No.	S1493883D
Related Vehicle	SJF7599T (Car)	Contact No.	98391090
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

Driver

Name	TANG KAI LI	ID No.	S9470822B
Related Vehicle	SMP3879Z (Car)	Contact No.	96638631
Hospital/Clinic	FARRER PARK HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/12/2020	Date Discharge	20/12/2020
No. of Days granted Medical Leave	60	Degree of Injury	NIL

Brief Details.

On 19/12/2020 at about 10.00pm, I was inside my vehicle SMP3879Z at the cross junction along Sengkang East Way towards Fernvale, in front of Sengkang Neighbourhood Police Centre waiting for the red light from my direction to turn green. I was on the middle lane of the three lane road. While I was waiting, I felt an impact coming from the rear right of my vehicle. This vehicle SJF7599T had brushed past my vehicle and SBS bus near me before hitting onto the rear right of my vehicle. The impact had resulted my vehicle to move forward. My wife, namely Ng Menn Yee, Fin number G8535092M, contact 97222327 was together with me seated at the front passenger seat at the point of accident.

Shortly, Police Officers and Paramedics arrived at my incident. I have exchanged particulars with driver of SJF7599T. After which, I seek approval from the Police Officers at scene to leave. I then left the incident location together with my wife to head home.

When my wife and I was on our way back home, we felt unwell and pain at the back of our neck, shoulder and back area. As such, we proceeded to Farrer Park Hospital to seek medical treatment. We were admitted in the hospital from 12.23am till 5.00pm. My wife and I were both given sixty days of Hospitalization Leave (20/12/2020 to 17/02/2020) by the doctor from Farrer Park Hospital.



**SINGAPORE
POLICE FORCE**



T/20201220/2066

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE
545025

Tel No: 1800-343 8999

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Report No. T/20201220/2066

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201220/2066

Police Station Of Origin:

Sengkang N.P.C

Sengkang Square #01-02 SINGAPORE
45025

tel No: 1800-343 8999

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Report No. T/20201220/2066

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:

Staff Sgt LOI WEE LONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

Signature Of Informant:

*

Date/Time:

20/12/2020 18:16

Classification Of Case: