

## 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	22/07/2021 14:53 (SGT)
Date of Accident	20/07/2021 14:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ELIAS ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE7947D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG TONG SUN
NRIC No	SXXXX133I
Email Address	tony.ang100@hotmail.com
Mobile Phone No	(Phone) +65-91789718
Alternative Phone No	+65-91789718

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	CIVIC 1.6 VTI CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1597

### INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2020-V8009163-VDP-R002
Cover Note Number	01/08/2020 TO 31/07/2021

### DRIVER

Name of Driver	ANG TONG SUN
NRIC No	SXXXX133I



Date Of Birth	24/07/1966
Occupation	Indoor
Date Of Driving Pass	05/06/1989
Driving experience	32 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91789718
Alt. Phone Number	+65-91789718
Email Address	tony.ang100@hotmail.com
Address	32 ELIAS TERRACE SINGAPORE 519785
Address complement	-
Postcode	-
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 - Change/cross lane
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?	Yes
Was any other vehicle 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 WITH ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4042C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category .....	Taxi
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 TONG SUN
Address .....	32 ELIAS TERRACE SINGAPORE 519785
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	CHANGI GENERAL HOSPITAL A & E - 3 DAYS MC
Injured person in which vehicle? .....	SLE7947D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes




# SKETCH PLAN

## IMPORTANT NOTICE

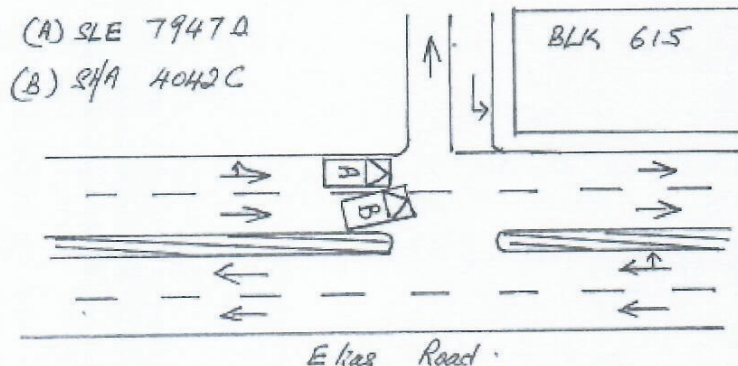
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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.

  
Policyholder's Signature / Date & Time

 22/7/21 1.23 p.m.  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

## Sketch Plan





## Describe Circumstances of the Accident

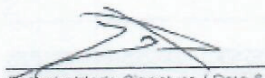
Pls refer To Police Report

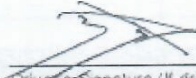
No: T/20210720/1019.

I would like to state that, before the accident happen, I just went to the market and bought some fresh foods and left it in the car. I was conveyed to hospital and the car was tow to the traffic compound with the fresh foods in my car boot.

## Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20210720/7019

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

1 of 4  
Report No. T/20210720/7019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/07/2021 19:58		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ANG TONG SUN			Address: 32 ELIAS TERRACE SINGAPORE 519785		
ID Type / ID No.: NRIC NO / S1770133I			Contact No.: Home/Office: Mobile: 91789718		
Nationality: SINGAPORE CITIZEN			Email: TONY.ANG100@HOTMAIL.COM		
Sex: Male	Age: 54	Date of Birth: 24/07/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Business development manager			Driving Licence Information: Class: 3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/07/2021 14:10	Type of Location: Straight Road
Location:  ELIAS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA4042C	Car		Hyundai		Slightly Damaged	1
SLE7947D	Car	HONDA	CIVIC 1.6 VTI CVT	Red		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210720/7019

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

Report No. T/20210720/7019

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE7947D	OVERSEAS ASSURANCE CORPORATION LIMITED	V8009163-VDP-R003	01/08/2018	31/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ANG TONG SUN	ID No.	S17701331
Related Vehicle	SLE7947D (Car)	Contact No.	91789718
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
<b>Driver</b>			
Name	UNIDENTIFIED	ID No.	NIL
Related Vehicle	NIL	Contact No.	91517938
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

I ( SLE 7947D ) was driving on the left lane on a 2 lanes Elias road. The other car was a Comfort Taxi ( SHA 4042C ) driving on the right lane. All of a sudden, the Taxi switch lane to left lane right into my lane and I had no time to react or break.

As a result, the Taxi hit my car on my front right bumper damaging my front right wheel, front right light, front right bumper and scratches on front right driver door. After the accident, my car was immobile and cannot be moved. Traffic police arrived and had taken copy of car cam video footage and also collected the SD card from car cam.

I felt pain in lower back as I tried to move to get out of the car. In order not to worsen my situation, I decided to wait for ambulance in the car and wait for medic to review my situation.

I was sent to hospital, A&E, seen a doctor, taken X ray and given MC for 3 days.





**SINGAPORE  
POLICE FORCE**



T/20210720/7019

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

Report No. T/20210720/7019

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20210720/7019

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

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Report No. T/20210720/7019

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 / TPIB /  
THABAGESH JEYATHESH  
Contact No.: 65476178

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:  
20/07/2021 19:58

Classification Of Case:





T/20210722/2036

1 of 3

Report No. T/20210722/2036

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No T/20210720/7019

Report Number T/20210722/2036

Vide Report Number

Date/Time of Report Made 22/07/2021 12:41

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant ANG TONG SUN

ID Type / ID No. NRIC NO / S17701331

Home/Office

Mobile 91789718

Email TONY.ANG100@HOTMAIL.COM

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 20/07/2021 14:10

Accident Location ELIAS ROAD

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4042C	Car				Slightly Damaged	1
SLE7947D	Car	HONDA	CIVIC 1.6 VTI CVT	Red	Slightly Damaged	0

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





T/20210722/2036

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Report No. T/20210722/2036

**Continuation of CSF For NP168**

Driver			
Name	ANG TONG SUN	ID No.	S1770133I
Related Vehicle	SLE7947D (Car)	Contact No.	91789718
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	20/07/2021	Date Discharge	22/07/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Facts.**

I (SLE7947D) WAS DRIVING ON THE LEFT LANE ON A 2 LANE ELIAS ROAD. THE OTHER CAR WAS A COMFORT TAXI (SHA4042C) DRIVING ON THE RIGHT LANE. ALL OF A SUDDEN, THE TAXI SWITCH LANE TO LEFT LANE RIGHT INTO MY LANE AND I HAD NO TIME TO REACT OR BRAKE.

AS A RESULT, THE TAXI HIT MY CAR ON MY FRONT RIGHT BUMPER, DAMAGING MY FRONT RIGHT WHEEL, FRONT RIGHT LIGHT, FRONT RIGHT BUMPER AND SCRATCHES ON FRONT RIGHT DRIVER DOOR. AFTER THE ACCIDENT, MY CAR WAS IMMOBILIZED AND COULD NOT BE MOVED. TRAFFIC POLICE ARRIVED AND HAD TAKEN A COPY OF MY CAR CAM VIDEO FOOTAGE AND ALSO COLLECTED THE SD CARD FROM MY CAR CAM.

I FELT PAIN IN MY LOWER BACK AS I TRIED TO MOVE TO GET OUT OF THE CAR. IN ORDER TO NOT WORSEN MY SITUATION, I DECIDED TO WAIT FOR THE ARRIVAL OF THE AMBULANCE AND LET THE MEDIC REVIEW MY MEDICAL STATUS.

I WAS THEN CONVEYED TO CGH A&E, CONSULTED WITH A DOCTOR AND HAD TAKEN X-RAY. I WAS THEN ISSUED A 3 DAYS MC, OUTPATIENT SICK LEAVE.

THAT'S ALL





T 20210722 2036

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Report No. T/20210722/2036

**Continuation of CSF For NP168****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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / THABAGESH JEYATHESH
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE