

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	27/07/2021 09:45 (SGT)
Date of Accident	26/07/2021 07:58 (SGT)
Exact Location of Accident	10 Buangkok View, Buangkok Green, Medical Park, Singapore 539747
Additional Location Information	ENTRANCE @ IMH (BUANGKOK VIEW)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMD9649U

INSURED/POLICYHOLDER

Is company?

No

Name Of Registered Owner

ANG BENG SOON EDWARD

NRIC No

SXXXX509G

Email Address

edangbs@gmail.com

Mobile Phone No

(Phone) +65-90030011

Alternative Phone No

+65-90030011

VEHICLE PARTICULARS

Manufacturer

Honda

Model

Shuttle

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

Transmission

Auto

CC

1496

INSURANCE COMPANY

Name of Insurance Company

NTUC Income Insurance Co-operative Ltd

Type of Coverage

Comprehensive

Fleet Policy

No

Policy Number

5119732316

Cover Note Number

-

DRIVER

Name of Driver

ANG BENG SOON EDWARD

NRIC No	SXXXX509G
Date Of Birth	27/12/1954
Occupation	Outdoor
Date Of Driving Pass	02/10/1997
Driving experience	23 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90030011
Alt. Phone Number	+65-90030011
Email Address	edangbs@gmail.com
Address	3LK 361 HOUGANG AVE 5 #06-328
Address complement	-
Postcode	530361
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 - 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 vehicle 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	CRISTY ANG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 26/07/2021 AT 0758HRS, I WAS SENDING MY DAUGHTER TO HER WORKPLACE AT IMH (BUANGKOK VIEW). AT THE SECURITY CHECKPOINT OF IMH, THE SECURITY PERSONNEL HAD SIGNALLED ME TO STOP FOR CHECK. JUST AS I STOPPED, I FELT A HUGE IMPACT FROM THE REAR. I REALISED A CAR (VEHICLE B) HAD HIT THE REAR OF MY CAR. NO ONE WAS INJURED.

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	SLW7122Y
Vehicle Manufacturer	-

Vehicle Model
Vehicle Variant
Vehicle Colour
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)

Private car
MYRON QUEY YANG HUI
(Phone) +65-85818146

VEHICLE B

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 willful 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. 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 be 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' law firm/s 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 making 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' law firm/s law firms, may be 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 the third party service providers or agents (including their law firm/s law firms) which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



VEHICLE A - MD 46494
VEHICLE B - SW 7004

SECURITY CHECKPOINT @ 1m
(BUANGKOK VIEW)

Describe Circumstances of the Accident

ON 26/11/2011 (A) DUSHEX, I WAS SENDING MY DAUGHTER
 TO HER WORKPLACE @ IAH (BANGKOK VIEW) AT THE
 SECURITY CHECKPOINT OF IAH. THE SECURITY PERSONNEL
 HAD SIGNLED ME TO STOP FOR CHECK. JUST AS I STOPPED,
 I FELT A HUGE IMPACT TO THE REAR. I REALISED
 A CAR (VEHICLE B) HAD HIT THE REAR OF MY CAR
 (VEHICLE A). NO ONE WAS INJURED IN THIS ACCIDENT.

Declaration

I/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