

# 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 ..... 16/08/2021 12:17 (SGT)  
Date of Accident ..... 15/08/2021 08:30 (SGT)  
Exact Location of Accident ..... Bartley Rd East, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGC6740U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ANG TECK MENG  
NRIC No ..... SXXXX161E  
Email Address ..... eric.angtm@gmail.com  
Mobile Phone No ..... (Phone) +65-91171938  
Alternative Phone No ..... +65-91171938

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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 ..... 1497

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 0100603674-15  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ANG TECK MENG  
NRIC No ..... SXXXX161E

Date Of Birth .....	13/03/1957
Occupation .....	Indoor
Date Of Driving Pass .....	31/05/1978
Driving experience .....	43 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91171938
Alt. Phone Number .....	+65-91171938
Email Address .....	eric.angtm@gmail.com
Address .....	BLK 76 MARSILING DRIVE
Address complement .....	#10-09
Postcode .....	440076
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	Geylang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008486999
Alt. Police Station Phone No .....	(Fax) +65-68486799
Police Station Address .....	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210815/2019

#### 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 .....	SLZ5581C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	MOHAMMAD KHLID BIN SALMAN
NRIC No .....	SXXXXX013G
Contact Number .....	(Phone) +65-83898539
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 TECK MENG
Gender .....	Male
Phone No .....	(Phone) +65-91171938
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SGC6740U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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:

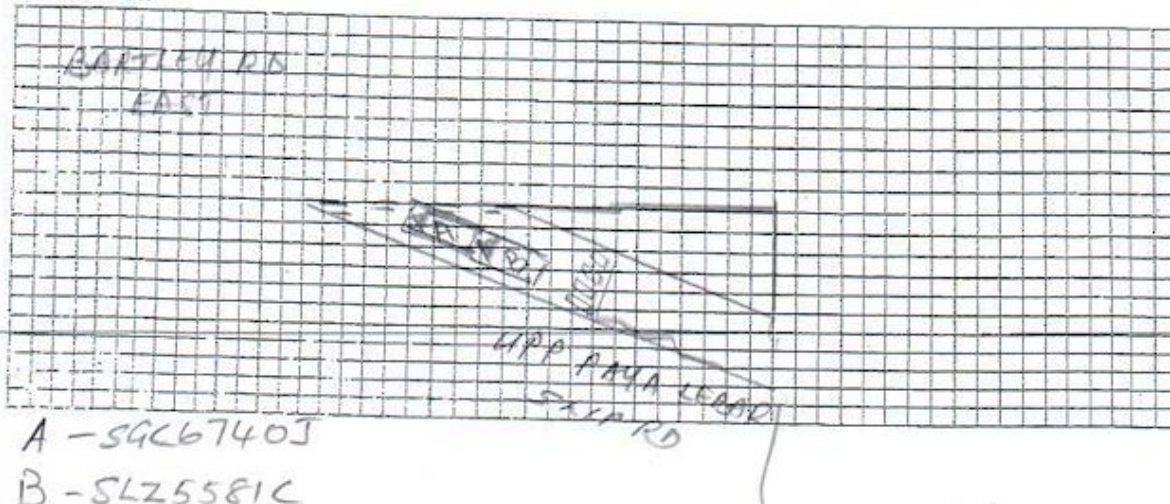
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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

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 the police report: 7/20210815/2019*

**Declaration**

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

*[Signature]* 16.08.21

Policyholder's Signature / Date & Time

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

*[Signature]* 16/08/21

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20210815/2019

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Report No. T/20210815/2019

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ANG TECK MENG	ID No.	S1279161E
Related Vehicle	SGC6740J (Car)	Contact No.	91171938
Hospital/Clinic	DAILY MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/08/2021	Date Discharge	15/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	MOHAMMAD KHLID BIN SALMAN	ID No.	S7428013G
Related Vehicle	SLZ5581C (Car)	Contact No.	83898539
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date and time, I was driving my vehicle, SGC6740J at the said location. As I was approaching the bend I slowed down my vehicle and came to a stop before entering into Bartley Road East from Upper Paya Lebar road, to check for the oncoming vehicle. While I was check on the oncoming vehicle, another vehicle (SLZ5581C) hit on the rear of my vehicle. Police came and attended on the incident. Vide incident :F/20210815/0094  
I would also like to state that I suffered neck pain due to the incident.













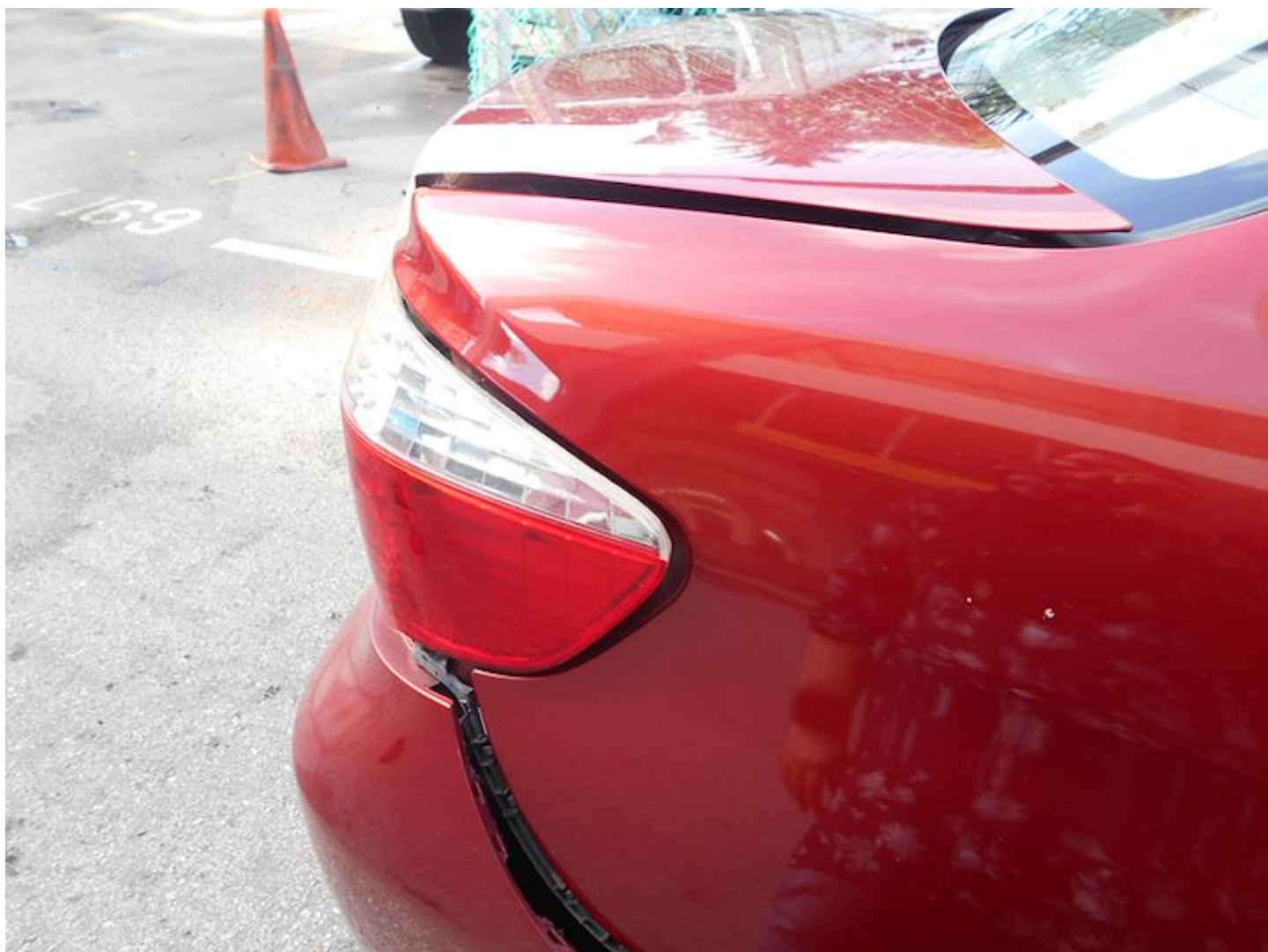




















**SINGAPORE  
POLICE FORCE**



T/20210815/2019

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 3

Report No. T/20210815/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/08/2021 12:40		Vide Report No.: F/20210815/0094		Station Diary No.: 25	
<b>Informant's Particulars</b>					
Name of Informant: ANG TECK MENG			Address: 76 MARINE DRIVE #10-09 SINGAPORE 440076		
ID Type / ID No.: NRIC NO / S1279161E			Contact No.: Home/Office: Mobile: 91171938		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 13/03/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FNB			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/08/2021 08:30	Type of Location: Bend
Location:  BARTLEY ROAD EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
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
SGC6740J	Car	TOYOTA	VIOS 1.5E M	Red	Slightly Damaged	0
SLZ5581C	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGC6740J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	0100603674-15	24/01/2021	23/01/2022





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1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20210815/2019

2 of 3

Report No. T/20210815/2019

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ANG TECK MENG	ID No.	S1279161E
Related Vehicle	SGC6740J (Car)	Contact No.	91171938
Hospital/Clinic	DAILY MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/08/2021	Date Discharge	15/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	MOHAMMAD KHLID BIN SALMAN	ID No.	S7428013G
Related Vehicle	SLZ5581C (Car)	Contact No.	83898539
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date and time, I was driving my vehicle, SGC6740J at the said location. As I was approaching the bend I slowed down my vehicle and came to a stop before entering into Bartley Road East from Upper Paya Lebar road, to check for the oncoming vehicle. While I was check on the oncoming vehicle, another vehicle (SLZ5581C) hit on the rear of my vehicle. Police came and attended on the incident. Vide incident :F/20210815/0094  
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T/20210815/2019

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Report No. T/20210815/2019

**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:

G /

Sgt 1 MOHAMMAD FARIZUAN BIN  
NASRUDDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD FARHAN BIN SAIRI  
Contact No.: 65476224

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
15/08/2021 12:40

Classification Of Case: