

# 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 ..... 06/09/2021 18:56 (SGT)  
Date of Accident ..... 03/09/2021 18:30 (SGT)  
Exact Location of Accident ..... Sims Dr, Singapore  
Additional Location Information ..... BLK 40 CARPARK LOT 56  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SBG1881G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ANG TECK KOON  
NRIC No ..... SXXXX827H  
Email Address ..... scotchhere123@gmail.com  
Mobile Phone No ..... (Phone) +65-97603625  
Alternative Phone No ..... +65-97603625

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Elantra  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 21-MS001123-R02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ANG TECK KOON  
NRIC No ..... SXXXX827H

Date Of Birth .....	19/08/1969
Occupation .....	Indoor
Date Of Driving Pass .....	21/08/1990
Driving experience .....	31 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97603625
Alt. Phone Number .....	+65-97603625
Email Address .....	scotchhere123@gmail.com
Address .....	BLK 40 SIMS DRIVE
Address complement .....	#06-211
Postcode .....	380040
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 .....	Collided into Parked Vehicle
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) .....	0
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

PLS REFER TO THE POLICE REPORTT/20210904/7012

#### 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 .....	SKK1316U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

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) ..... -

**WITNESS DETAILS**

WITNESS 1

Name ..... RICKY  
Phone ..... -  
Email ..... -

SKETCH PLAN

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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/postal 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/also 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.

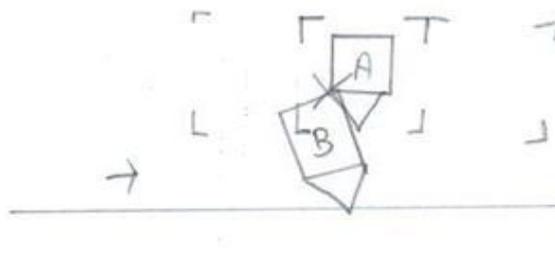
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

*W. J. W. 06/09/21*



A = SBG 18816  
B = SKK1316U

SIMS DRIVE BLK 40  
CARPARK LOT 56

Describe circumstances of the accident

- REFER TO POLICE REPORT -  
T/20210904/7012

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

sfyan 06/09/21

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210904/7012

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

2 of 3

Report No. T/20210904/7012

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	ANG TECK KOON	ID No.	S6928827H
Related Vehicle	SBG1881G (Car)	Contact No.	97603625
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

At ard 6-6.30pm on 3/0/2021, I was approaching my vehicle when a gentleman approached me and claim my vehicle was knocked by another white car parked nearby. I found my vehicle was indeed having some dents and scratches. Another gentleman, named Ricky Yeo, also come forward to claim he witnesses the entire incidence. The first gentleman claimed his friend, who called the police, and had his car cam recorded in his car too. By then, police came and survey the scene.

Place of incident : between block of Blk 40 and Blk 43 Sims Drive Carpark.


















**SINGAPORE  
POLICE FORCE**


T/20210904/7012

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

1 of 3

Report No. T/20210904/7012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/09/2021 10:55	Vide Report No.: G/20210903/0182	Station Diary No.:
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**Informant's Particulars**

Name of Informant: ANG TECK KOON		Address: 40 SIM'S DRIVE #06-211 SINGAPORE 380040	
ID Type / ID No.: NRIC NO / S6928827H		Contact No.: Home/Office:                      Mobile: 97603625	
Nationality: SINGAPORE CITIZEN		Email: albertatk@gmail.com	
Sex: Male	Age: 52	Date of Birth: 19/08/1969	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: Regulatory Affairs Manager		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 03/09/2021 18:00	Type of Location: Car Park
Location:  SIMS DRIVE			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SBG1881G	Car	HYUNDAI	Eiantra	Grey	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBG1881G	TOKIO MARINE INSURANCE SINGAPORE LTD.		06/02/2021	05/02/2022



**SINGAPORE  
POLICE FORCE**



T/20210904/7012

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

2 of 3

Report No. T/20210904/7012

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	ANG TECK KOON	ID No.	S6928827H
Related Vehicle	SBG1881G (Car)	Contact No.	97603625
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

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POLICE FORCE**



T/20210904/7012

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

3 of 3

Report No. T/20210904/7012

**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 /  
LEE MING CAI  
Contact No.: 65476350

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
04/09/2021 10:55

Classification Of Case: