

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	29/01/2022 11:15 (SGT)
Date of Accident	26/01/2022 21:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGOON RD BEFORE WHAMPOA SOUTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW5013D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG TECK KANG
NRIC No	SXXXX885H
Email Address	ANGTECKKANG@GMAIL.COM
Mobile Phone No	(Phone) +65-91168096
Alternative Phone No	(Home) +65-91168096

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122049606
Cover Note Number	-

DRIVER

Name of Driver	ANG TECK KANG
NRIC No	SXXXX885H

Date Of Birth	25/11/1989
Occupation	Indoor
Date Of Driving Pass	06/10/2008
Driving experience	13 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91168096
Alt. Phone Number	(Home) +65-91168096
Email Address	ANGTECKKANG@GMAIL.COM
Address	BLK 226 SERANGOON AVE 4 #09-133
Address complement	-
Postcode	550226
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?	No
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	SEAN LAI JEREN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SHA4669U
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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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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

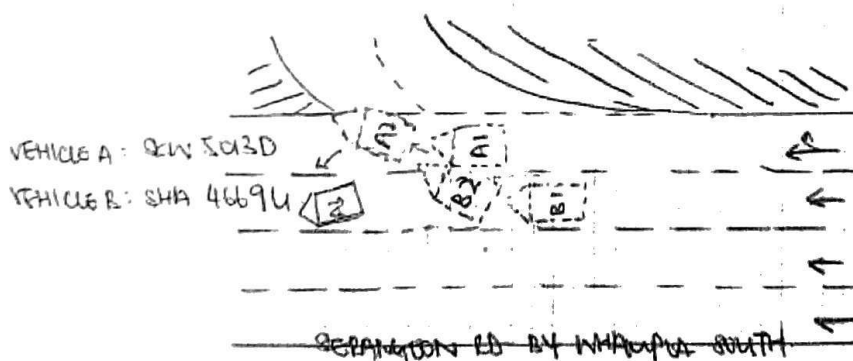


Driver's Signature (If driver is not the policyholder) / Date & Time

SHUYI

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

Refer to Police Report NO = A/20220128/1619.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

[Signature]

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

SHUYI

Witnessed by Reporting Centre
Personnel

**SINGAPORE
POLICE FORCE**

A/20220128/7019

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220128/7019

We were discharged in the wee hours the following morning with 3 days MC each for our injuries suffered due to the accident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2022 13:46
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20220128/7019

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220128/7019

It was at the point of impact that I realised that SHA4669U had swerved into my vehicle's left portion.

The impact was so huge that my entire vehicle flew to the right and collided with the kerb before my vehicle flipped and landed hard on its roof.

My body bounced around the inside of the vehicle despite being belted and my head hit the roof really hard as the roof of my vehicle was now on the floor.

My vehicle had flipped 180 degrees and the undercarriage was facing the sky.

Sean managed to exit the vehicle whilst I required the assistance of someone outside of my vehicle to leave my vehicle.

After the accident, I immediately felt pain over the top of my head and my neck areas.

Sean also suffered multiple injuries due to the accident.

Ambulance and Traffic Police arrived at scene but at that point in time, I still felt the pain was bearable.

Hence, later the same evening, Sean and I proceeded to Khoo Teck Puat Hospital on our own for treatment.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2022 13:46
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20220128/7019

1 of 3

POLICE REPORT (NP299)

Report No. A/20220128/7019

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No 1800-2240000

Date/Time Report Made 28/01/2022 13:46	Vide Report No.	Station Diary No.
Name Of Informant ANG TECK KANG	Address 226 SERANGOON AVENUE 4 #09-133 SINGAPORE 550226	
ID Type / ID No. NRIC NO / S6942885H	Contact No. Home/Office: Mobile: 91168096	
Nationality SINGAPORE CITIZEN	Email Address ANGTECKKANG@GMAIL.COM	
Occupation Marine Supply	Sex Male	Age 32
Institution/School Name	Date of Birth 25/11/1989	Race Chinese
Date/Time Of Incident 26/01/2022 21:55	Location Of Incident SERANGOON ROAD	

Brief details.

On the stated date and time, I was driving my vehicle SKW5013D along the extreme right lane of Serangoon Road.

Sean Lai was my front passenger and both of us were belted.

Just as I was passing the junction of Whampoa South, a massive impact slammed into the left portion of my vehicle out of the blue.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2022 13:46
Officer In-Charge Of Case:	Classification Of Case: