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 Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 22/08/2022 14:31 (SGT) Reported by Date of Accident 22/08/2022 02:45 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE TOWARDS CHANGI Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Private hire

Auto

1600

Vehicle Registration Number SJP9201A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ANG KIAN HONG NRIC No S1813370I Email Address ea0911@hotmail.com Mobile Phone No (Phone) +65-94377574 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato Variant Exact purpose for which vehicle was being used at time of Private hire

accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5098633414-04

DRIVER

Name of Driver ANG KIAN HONG NRIC No S1813370I Date Of Birth 09/11/1967 Occupation Outdoor

Date Of Driving Pass 28/08/1986 Driving experience 36 YEARS Gender Male Mobile Number (Phone) +65-94377574 Alt. Phone Number Email Address ea0911@hotmail.com Address BLK 668A EDGEFIELD PLAINS #02-718 Address complement Postcode S 821668 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **RAJESH** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Bedok North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002449999 Alt. Police Station Phone No (Fax) +65-62447258 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	SMJ1203T
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)	1

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?	ANG KIAN HONG Male (Phone) +65-94377574 BLK 668A EDGEFIELD PLAINS #02-718 - S 821668 56 - SJP9201A
,	SJP9201A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Nefer	to	the	police	report	(T) 202208	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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	1.0	W	/		10 miles				ngapore	883 87 gnat.com.sg
	13	1	\		MI				/	
cyhold	er's S	ignatur	re / Date 8	Driv	er's Signature (I	driver is not the	oolicyholder) /		nessed by R sonnel	eporting Centre

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.
- 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.
- 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.
- 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes,

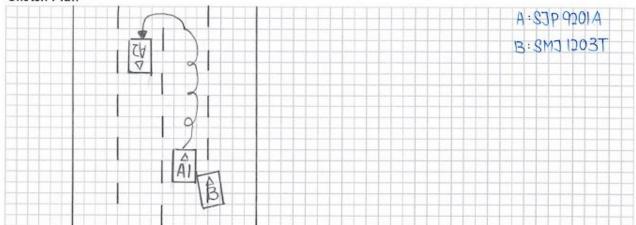
Policyholder's Signature / Date &

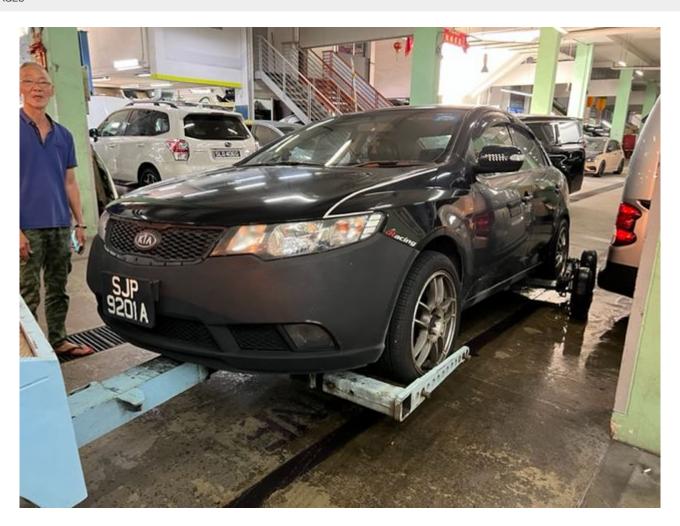
Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

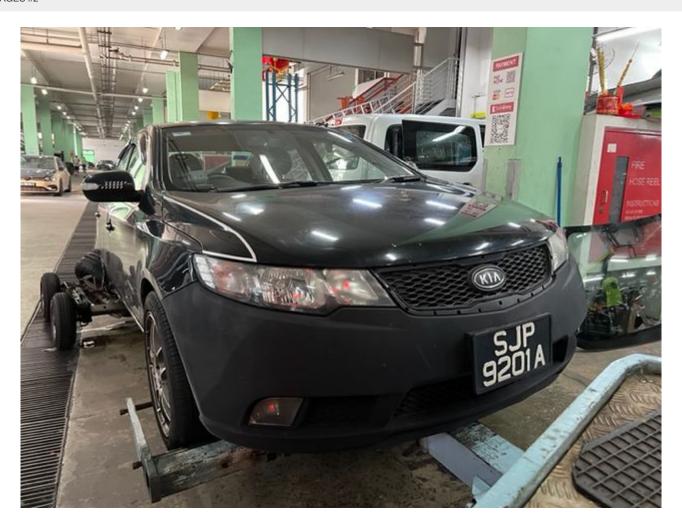
LEE SHENG AUTO 1, Kaki Bukit Ave

Tel: 67/

Sketch Plan



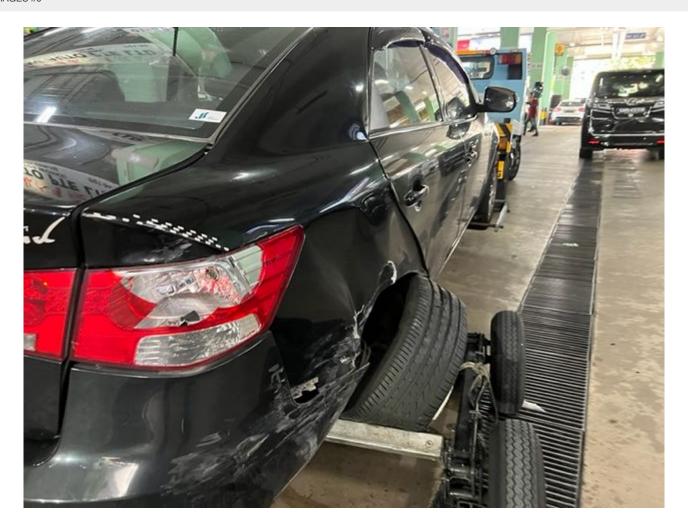




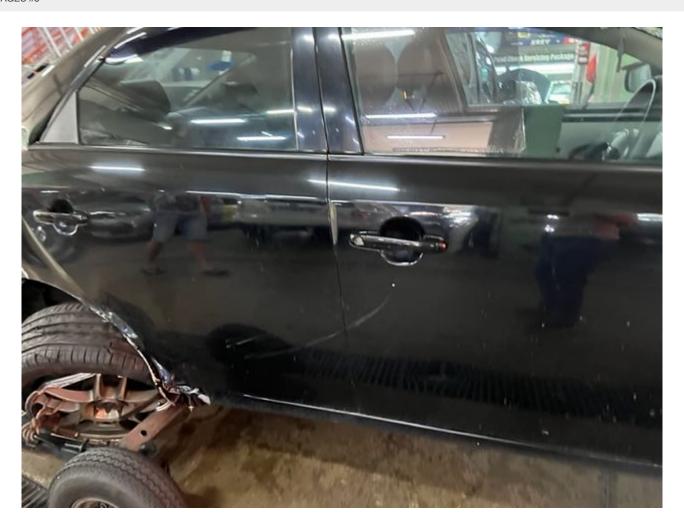






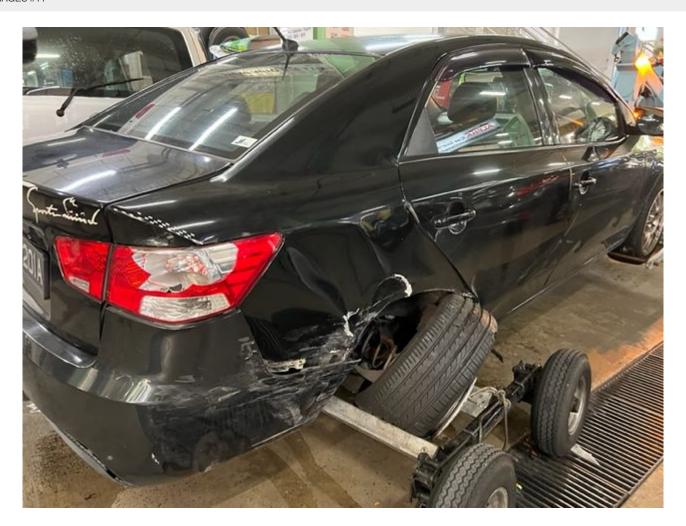


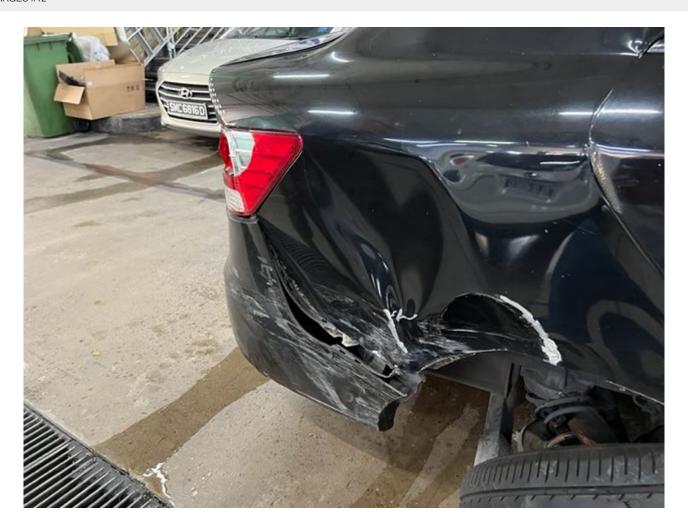


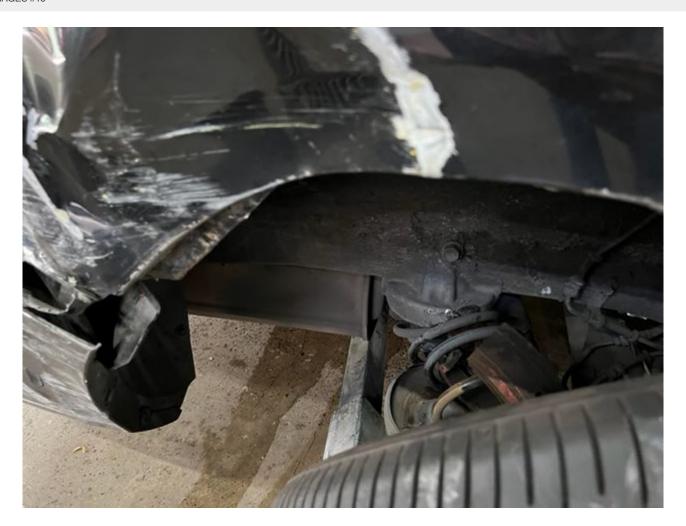


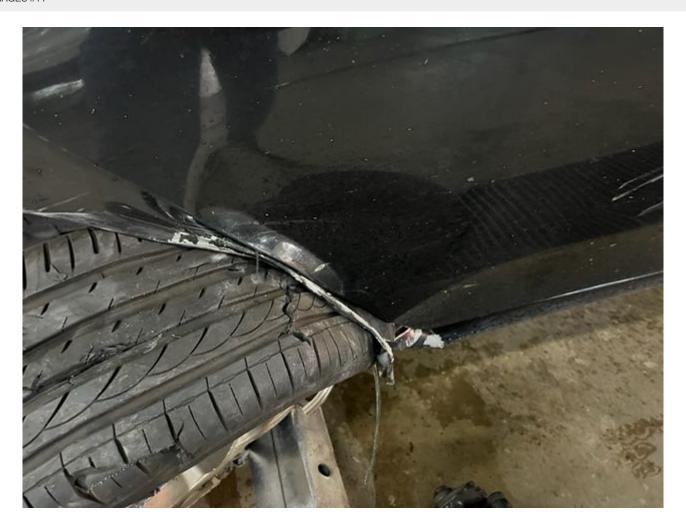






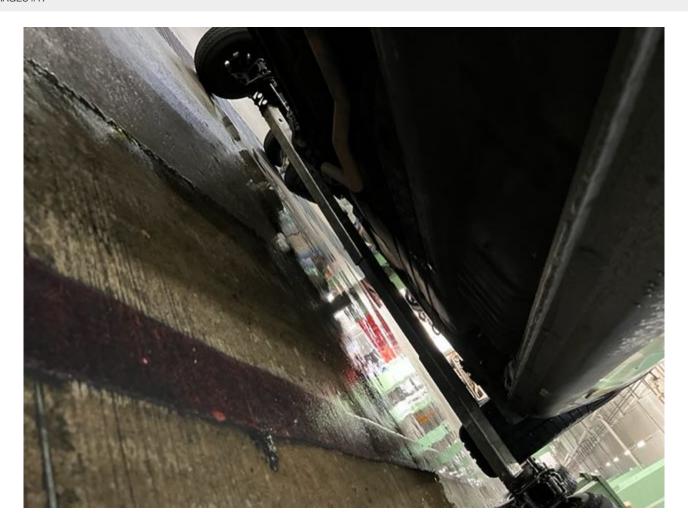
















Police Station Of Origin:

Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

l of 4 Report No. T/20220822/2078

REPORT OF A TRAFFIC ACCIDENT

	me Report M 022 05:10	Made:	Vide Report No.: G/20220822/0023	Station Diary No.: 16		
Informa	nt's Partic	ulars				
	f Informant: AN HONG		Address: APT BLK 668A EDGEF 821668	IELD PLAINS #02-718 SINGAPORE		
ID Type / ID No.: NRIC NO / S1813370I		701	Contact No.: Home/Office:	Mobile: 94377574		
	Nationality: SINGAPORE CITIZEN		Email: ea0911@hotmail.com			
Sex: Male	Age: 54	Date of Birth: 09/11/1967	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
50000 mb (Property	Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/08/2022 02:45	Type of Location: Straight Road
Location: PAN-ISLAND Weather:	EXPRESSWAY	Road Surface:		Pood Speed Limite
Clear		Dry		Road Speed Limit:
Traffic Flow:	Way	Traffic Control: Not Controlled		Traffic Volume: Light
Dual Carriage				Anyone conveyed by

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJP9201A	Car	KIA	CERATO FORTE 1.6(M) EX ABS D/AB 2WD 4DR	Black	Seriously Damaged	1
SMJ1203T	Car	HONDA	CIVIC	Yellow	Seriously Damaged	0



T/20220822/2078

2 of 4

Police Station Of Origin: Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

Report No. T/20220822/2078

Details of V	ehicle Insurance	I No No	Effective	Expiry Date
Vahicle No.	I Insurance Company	Insurance No		The state of the s
SJP9201A	NTUC Income Insurance Co-Operative	5098633414-04	16/04/2022	15/04/2023

CONTINUATION OF REPORT

Details of Person Any Pedestrian In	volved: No				0	an MA	
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA				
Driver				ID M	MARKET .	S1813370I	
Name	ANG KIAN HONG			ID No.		518133701	
Related Vehicle	SJP9201A (Car)			Contact No. 9		94377574	
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL		
No. of Days granted Medical Leave NI			Degree of	f Injury	NIL	14.	

Brief Details.

On 22/08/2022 at about 0245hrs, I was driving my vehicle plated SJP9201A on the second lane of PIE towards Changi near the 9km mark. I was working for Grab and I had one passenger seating in the rear seat. While I was driving, suddenly I felt a huge impact coming from the rear. I immediately tried to control my vehicle as the vehicle started to lose control. However I did not manage to control the vehicle and the vehicle spun left and right to the point that I was facing the opposite direction. The vehicle then stopped and I saw a vehicle approaching towards me hence I accelerated to the left shoulder. Afterwards, me and the passenger namely Rajesh (HP: 88043289) got out of the vehicle and I then called for police.

I did not manage to see the car that collided onto me as the incident happened way too fast. However, I have a witness who saw the incident. The witness namely Ah Goh (HP: 87399364) saw the incident but he does not have an in car camera. I also have another witness who has an in car camera and his vehicle was located behind me. His name is David (HP:84988253).

Shortly after, Traffic police came to the scene and gather information from me. I provided them the information accordingly. They then asked me to come to any police station to report the incident. Currently, I am not injured but I will go to the doctor soon to make a check. The damages on my car is that the rear right of my vehicle is badly dented and the rear right rim actually broke. Traffic police also called for tow truck to assist me to tow the vehicle to B/110 Bedok North Rd lot 90.

I would like to state that I do not have any Incar camera built on my car.





Police Station Of Origin: Bedok N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

3 of 4 Report No. T/20220822/2078

CONTINUATION OF REPORT



T/20220822/2078

4 of 4

Report No. T/20220822/2078

Police Station Of Origin: Bedok N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

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.

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 2 MUHAMMAD HAZIQ BIN
ZAMAM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Date/Time: 22/08/2022 05:10

Classification Of Case:





IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

		ADDEND	UM		
		228 MOOU	S: _ Vehicle Registration No:	SJP92	2011
			NRIC/FIN/Passport No:		
		(*) Please delete as a			
Address:				Singapore ()
			_ Mobile No.:		0.5
Email Address	s:				
Date of Accide	ent:		_ Time of Accident:		
Place of Accid	ent:				
3) ADDITIONAL	INFORMATION /AM	MENDMENTS:			
	owing amendments:	:	e eaogu	A STATE OF THE STA	,
	Insteal	of each	gile hotma	il-Com	_
					_
			LEE SHENO	AllTo me-	_
			Singapor	AUTO PTE LTD Ave 6 #01-60 e 417883 47 7397 @singnet.com.ag	
Policyholder / Date:	Driver's Signature		Reporting Centre Pers		
GIARMC Addendum For	m		23/	22.	