

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 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	30/11/2022 09:56 (SGT)
Reported by	Both
Date of Accident	29/11/2022 07:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE(TUAS) AT CLEMENTI ROAD ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFX39S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANGELINE ANG LI LING MRS ANGELINE FU GUO MING
NRIC No	S8032671H
Email Address	ANG.ELINE.LI.NG@GMAIL.COM
Mobile Phone No	(Phone) +65-97562476
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1800

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5110235405-03

DRIVER

Name of Driver	ANGELINE ANG LI LING MRS ANGELINE FU GUO MING
NRIC No	S8032671H
Date Of Birth	21/10/1980
Occupation	Indoor

Date Of Driving Pass	27/05/1999
Driving experience	23 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97562476
Alt. Phone Number	-
Email Address	ANG.ELINE.LI.NG@GMAIL.COM
Address	BLK 27 DOVER CRESCENT #08-25
Address complement	-
Postcode	130027
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	JOSHUA FU ZHIQIANG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SENT TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG3234L
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHANMUGAM MUTHUKUMAR SATHEESH
Passport No/FIN	G3236475L
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	ANGELINE ANG LI LING MRS ANGELINE FU GUO MING
Gender	Female
Phone No	(Phone) +65-97562476
Address	BLK 27 DOVER CRESCENT #08-25
Address Complement	-
Post Code	130027
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SFX39S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	JOSHUA FU ZHIQIANG
Gender	Male
Phone No	-
Address	BLK 27 DOVER CRESCENT #08-25
Address Complement	-
Post Code	130025
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SFX39S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Actual 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 Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to 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.

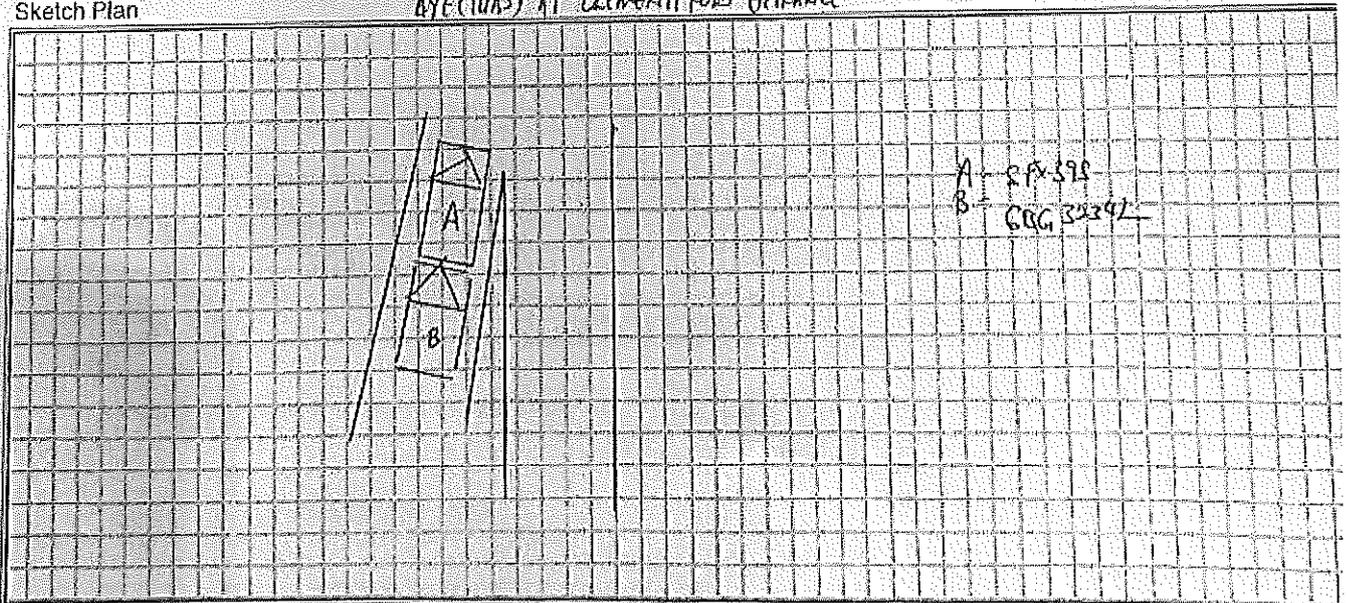
Angell 27/1/20 0940
Policyholder's Signature / Date & Time

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

Munirul Hossain
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

BYECTUAS AT CLEMENTI FORDS ENTRANCE

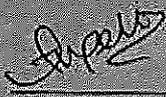


Describe Circumstance of the Accident

REFER TO ACCIDENT NUM T/20021129/2012

Declaration

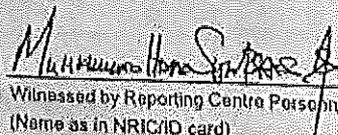
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

29/11/2012

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

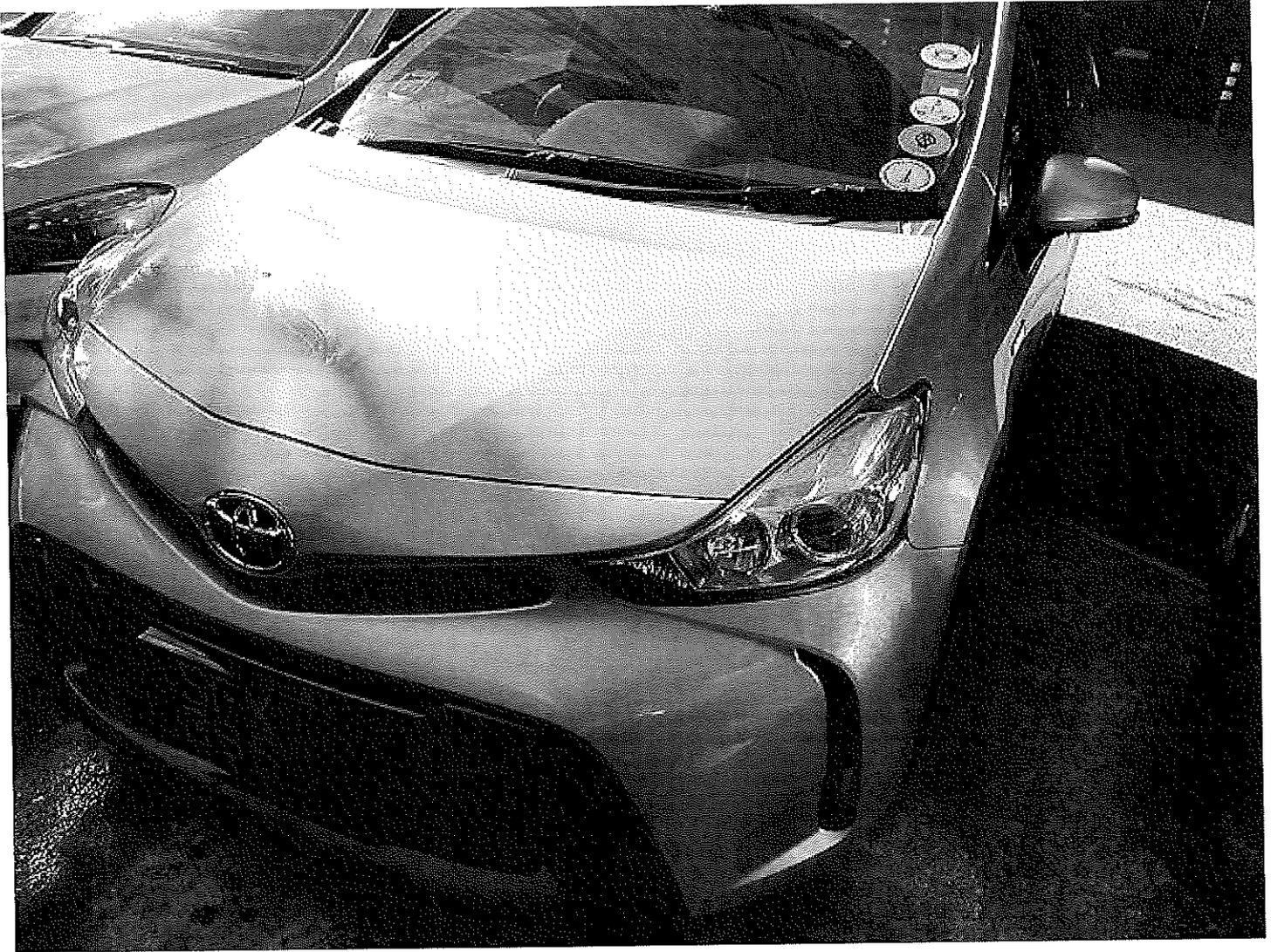


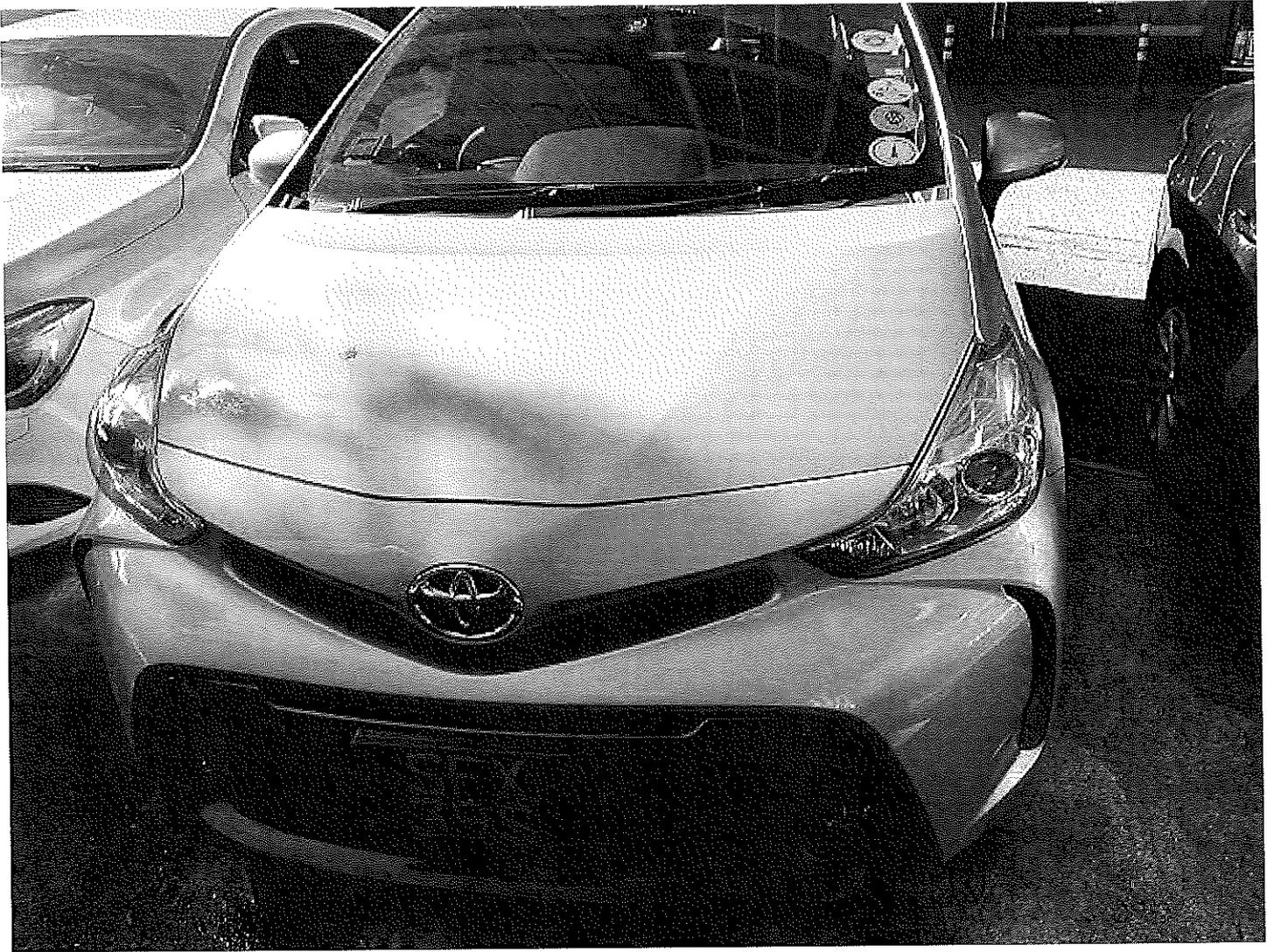
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

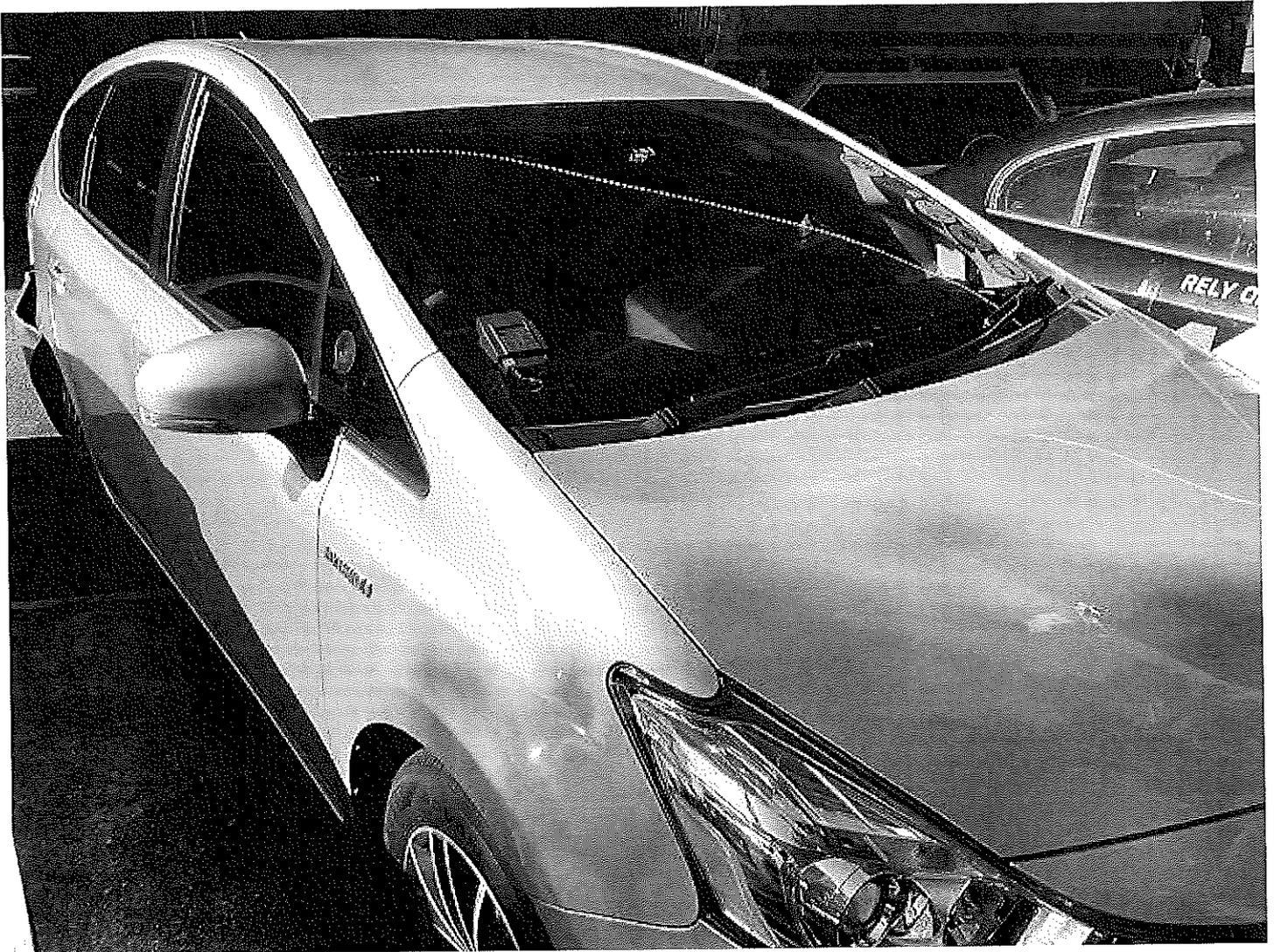


















**SINGAPORE
POLICE FORCE**



T/20221129/2012

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 4

Report No. T/20221129/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2022 08:53		Video Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: ANGELINE ANG LI LING			Address: APT BLK 27 DOVER CRESCENT #08-25 SINGAPORE 130027		
ID Type / ID No.: NRIC NO / S8032671H			Contact No.:		Mobile: 97562476
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 42	Date of Birth: 21/10/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/11/2022 07:25	Type of Location: Slip Road
Location: CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
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
GBG3234L	Lorry	TOYOTA	DYNA	Silver	Slightly Damaged	0
SFX39S	Car	TOYOTA	PRIUS ALPHA HYBRID 1.8S CVT	Silver	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20221129/2012

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 4

Report No. T/20221129/2012

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SFX39S	NTUC Income Insurance Co-Operative Limited	5110235405-03	19/06/2022	18/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHANMUGAM MUTHUKUMAR SATHEESH	ID No.	G3236475L
Related Vehicle	GBG3234L (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ANGELINE ANG LI LING	ID No.	S8032671H
Related Vehicle	SFX39S (Car)	Contact No.	97562476
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/11/2022 at around 07.25am, I was driving my car, silver Toyota Prius Alpha bearing registration number SFX39S, along the slip road of Clementi Road entering AYE towards Tuas. My 8 years old son was my passenger and he was seating at the rear passenger seat using the high back booster seat.

While at the slip road, my car was stationery and as I was checking the traffic condition along AYE, suddenly, I felt an impact coming from the rear of my vehicle. I then alighted from my vehicle to make a check and that was when I realized that a lorry (GBG3234L) had collided onto the rear of my car.

The lorry driver, a male Indian, then gave me his boss contact number, John (HP: 91690609) and I had texted the boss who told me to proceed with the insurance claim.

I wish to state that after the accident, my son was crying and I will bring him for medical check-up to make sure that he did not suffer any injury. As for myself, I did not suffer any injury.



**SINGAPORE
POLICE FORCE**



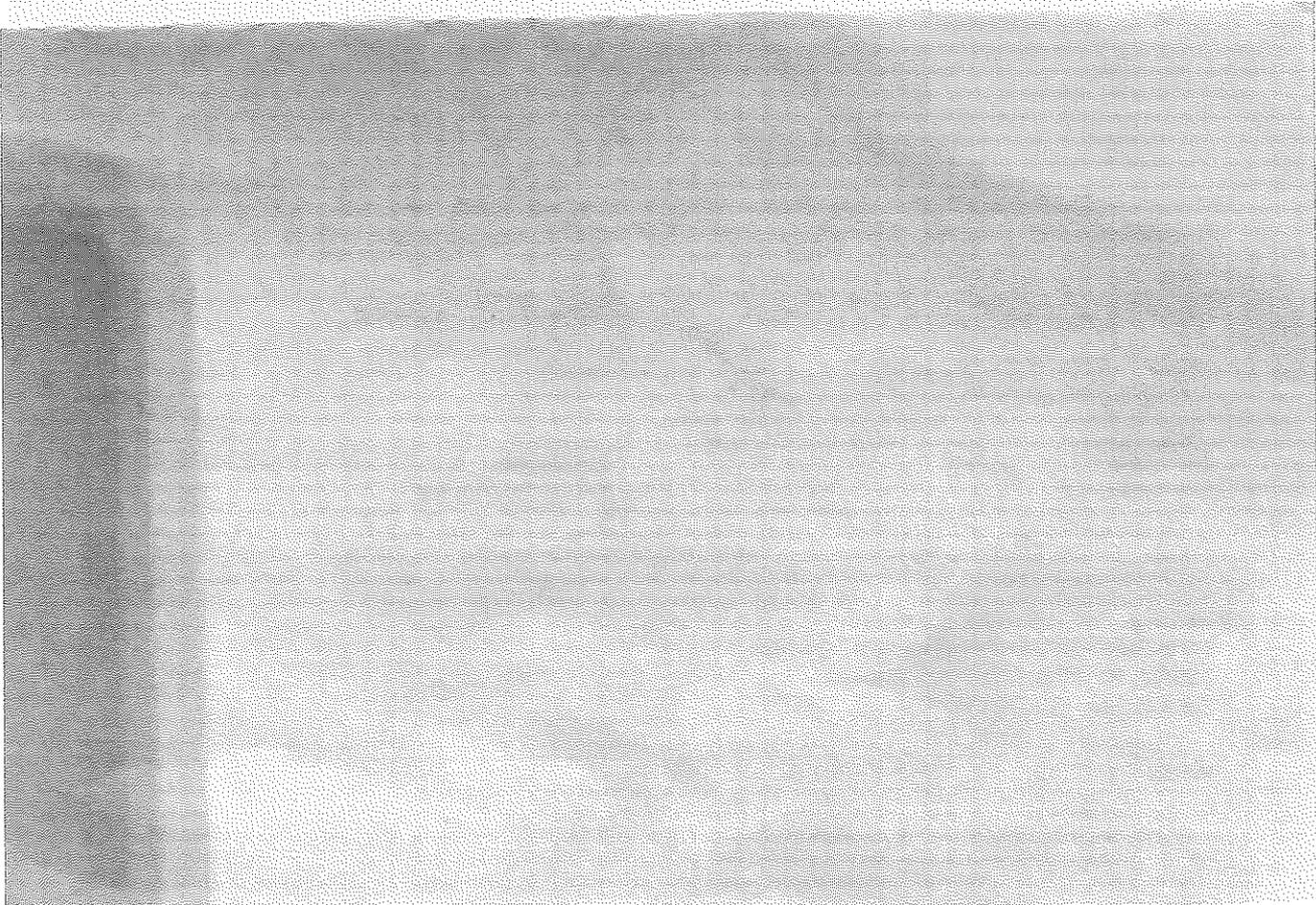
T/20221129/2012

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 4

Report No. T/20221129/2012

CONTINUATION OF REPORT





**SINGAPORE
POLICE FORCE**



T/20221129/2012

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

4 of 4

Report No. T/20221129/2012

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:

D /
SR STAFF SGT MUHAMMAD
NAZRI BIN PARJALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/11/2022 08:53

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168