

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 07/12/2022 17:05 (SGT)
Reported by Both
Date of Accident 06/12/2022 16:24 (SGT)
Exact Location of Accident Sims Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ1341P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ANG AARON CELESTINE
NRIC No SXXXX656Z
Email Address aaron.c.ang1@gmail.com
Mobile Phone No (Phone) +65-85180600
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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 1595

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00262282200

DRIVER

Name of Driver ANG AARON CELESTINE
NRIC No SXXXX656Z
Date Of Birth 11/05/1989
Occupation Indoor

Date Of Driving Pass	18/02/2011
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85180600
Alt. Phone Number	-
Email Address	aaron.c.ang1@gmail.com
Address	20 AMBER GARDENS
Address complement	#05-02
Postcode	439979
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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW5002Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HAJI AHMAD NAGARA BIN MOHAMAD SOM
NRIC No	SXXXX007H
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	ANG AARON CELESTINE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKQ1341P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

[Signature] 7/12/22
Policyholder's Signature / Date & Time

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

[Signature] 07/12/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

SIMS AVE


vJun2022

Describe Circumstance of the Accident

Pls refer to the police report: T/2022/207/2082

Declaration

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

 7/12/22

Policyholder's Signature / Date & Time

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

 07/12/22

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



**SINGAPORE
POLICE FORCE**



T/20221207/2082

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20221207/2082

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ1341P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002622 82200	13/11/2022	12/11/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ANG AARON CELESTINE		ID No.	S8916656Z
Related Vehicle	NIL		Contact No.	85180600
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/12/2022		Date Discharge	06/12/2022
No. of Days granted Medical Leave		03	Degree of Injury	Slight
Driver				
Name	HAJI AHMAD NAGARA BIN MOHAMAD SOM		ID No.	S1357007H
Related Vehicle	NIL		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

Brief Details.

On 06/12/2022 at about 1624hrs, I was driving my car bearing plate number SKQ1341P along Sims Ave towards Eunos. I was driving in the second lane from the right, and I noticed a white car bearing the plate number SJW5002Y in front of me. The white car then successfully changed onto left lane. I then decided to continue driving straight, while I was doing so the white car abruptly changed back into my lane and caused a side swipe. The collision between our vehicles were my car's front left side of the vehicle to his rear right side of the vehicle. We both stopped at the side of the road and exchanged particulars and both of us agreed to proceed with claiming of insurance. Afterwhich, I went over to Parkway East Hospital to see the doctor and I was given 3 days MC due to the sprain and strain of cervical spine.

My vehicle sustained dents and scratches to the front left side panel, left side headlight, front left side rim and the front bumper had come off. The white car sustained scratches on the rear right side of the vehicle.

I wish to state that I have an in-car camera and it captured the accident.













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T/20221207/2082

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Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20221207/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2022 16:06	Vide Report No.:	Station Diary No.: 36
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Informant's Particulars

Name of Informant: ANG AARON CELESTINE			Address: 20 AMBER GARDENS #05-02 SINGAPORE 439979	
ID Type / ID No.: NRIC NO / S8916656Z			Contact No.: Home/Office: Mobile: 85180600	
Nationality: SINGAPORE CITIZEN			Email: aaron.c.ang1@gmail.com	
Sex: Male	Age: 33	Date of Birth: 11/05/1989	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2022 16:25	Type of Location: Straight Road
Location: SIMS AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJW5002Y	Car				Slightly Damaged	0
SKQ1341P	Car	MERCEDES BENZ	C180 AVANTGARDE (R17 LED)	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20221207/2082

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20221207/2082

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ1341P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002622 82200	13/11/2022	12/11/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ANG AARON CELESTINE		ID No.	S8916656Z
Related Vehicle	NIL		Contact No.	85180600
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/12/2022		Date Discharge	06/12/2022
No. of Days granted Medical Leave		03	Degree of Injury	Slight
Driver				
Name	HAJI AHMAD NAGARA BIN MOHAMAD SOM		ID No.	S1357007H
Related Vehicle	NIL		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

Brief Details.

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T/20221207/2082

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Report No. T/20221207/2082

CONTINUATION OF REPORT



**SINGAPORE
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300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999



T/20221207/2082

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Report No. T/20221207/2082

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 INDRA SHAH BIN IMRAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/12/2022 16:06

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168