

## 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 .....	30/01/2023 15:55 (SGT)
Reported by .....	Both
Date of Accident .....	26/01/2023 15:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ORCHARD ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGM51B
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ANG CHEE SHENG (WENG ZHISHENG)
NRIC No .....	S8410597Z
Email Address .....	anggordon.x@gmail.com
Mobile Phone No .....	(Phone) +65-84881210
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Citroen
Model .....	DS5 1.6 BLUEHDI S&S EAT6 S/R
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1560

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNW00016862200

#### DRIVER

Name of Driver .....	ANG TRICIA
NRIC No .....	S8825483Z
Date Of Birth .....	20/07/1988
Occupation .....	Outdoor

Date Of Driving Pass .....	09/12/2013
Driving experience .....	9 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-91444420
Alt. Phone Number .....	-
Email Address .....	tricia-ang@outlook.sg
Address .....	BLK 411 HOUGANG AVE 10 #09-1008
Address complement .....	-
Postcode .....	530411
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	FIANCEE
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 .....	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

REFER POLICE REPORT (REPAIR BY C.S. ONG AUTO PTE LTD)

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB1329R
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 .....	ANG TRICIA
Gender .....	Female
Phone No .....	(Phone) +65-91444420
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	REFER POLICE REPORT
Injured person in which vehicle? .....	SGM51B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

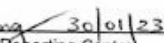
SKETCH PLANIMPORTANT NOTICE

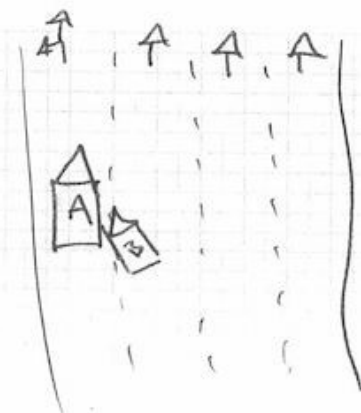
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.
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.

  
Policyholder's Signature / Date & Time

Sketch Plan

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

(AMK)   
Witnessed by Reporting Centre Personnel



veh A - SGMS1B

veh B - SHB1329R

Refer to Police Report NO. T/20230129 / 7027

I will be claiming my vehicle at C.S. ONG AUTO PTE LTD

We declare the foregoing particulars are true in every respect.

(AMK) *org* 30/01/23  
Witnessed by Reporting Centre  
Personnel















**SINGAPORE  
POLICE FORCE**



T/20230129/7027

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

1 of 3

Report No. T/20230129/7027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/01/2023 16:27		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ANG TRICIA			Address: 411 HOUGANG AVENUE 10 #09-1008 SINGAPORE 530411		
ID Type / ID No.: NRIC NO / S8825483Z			Contact No.: Home/Office: Mobile: 91444420		
Nationality: SINGAPORE CITIZEN			Email: TRICIA-ANG@OUTLOOK.SG		
Sex: Female	Age: 34	Date of Birth: 20/07/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self Employed			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/01/2023 15:30	Type of Location:
Location:  ORCHARD ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGM51B	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230129/7027

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

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Report No. T/20230129/7027

**CONTINUATION OF REPORT**

Driver			
Name	ANG TRICIA	ID No.	S8825483Z
Related Vehicle	SGM51B (Car)	Contact No.	91444420
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SGM51B along Orchard Road towards Bras Basah Road direction.

I was travelling along the extreme left lane and was about to turn left into the pick up point of Lucky Plaza when suddenly, a huge impact unexpectedly hit my vehicle's rear right portion just outside Lucky plaza.

My vehicle jerked sideways as a result and I knocked my left knee against the centre console of my vehicle.

Upon alighting, I realised that a taxi, SHB1329R, which was initially travelling along the 2nd lane from the left, had swerved and collided into the rear right portion of my vehicle.

Initially, I felt ok.

However, the following morning, I woke up with aches in my left knee, which I had knocked, as well as my neck and right shoulder regions.

The discomfort got worse as the day went on and as such, I went to seek treatment at Intemedical Potong Pasir, which was near where I was in the evening.

I was given 3 days MC for injuries caused by the accident.



**SINGAPORE  
POLICE FORCE**



T/20230129/7027

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

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Report No. T/20230129/7027

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

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

Date/Time:  
29/01/2023 16:27

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20230130/7011

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

1 of 3

Report No. T/20230130/7011

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2023 11:25		Vide Report No.: T/20230129/7027		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ANG TRICIA			Address: 411 HOUGANG AVENUE 10 #09-1008 SINGAPORE 530411		
ID Type / ID No.: NRIC NO / S8825483Z			Contact No.: Home/Office: Mobile: 91444420		
Nationality: SINGAPORE CITIZEN			Email: TRICIA-ANG@OUTLOOK.SG		
Sex: Female	Age: 34	Date of Birth: 20/07/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2023 15:30	Type of Location:
Location:  ORCHARD ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGM51B	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230130/7011

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

2 of 3  
Report No. T/20230130/7011

**CONTINUATION OF REPORT**

Driver			
Name	ANG TRICIA		ID No. S8825483Z
Related Vehicle	SGM51B (Car)		Contact No. 91444420
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

I WOULD LIKE TO MAKE AMENDMENTS TO THE DATE OF ACCIDENT FROM REPORT  
T/20230129/7027

CORRECT DATE OF ACCIDENT: 26/01/2023 @ 1530 HOURS



**SINGAPORE  
POLICE FORCE**



T/20230130/7011

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

3 of 3  
Report No. T/20230130/7011

**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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

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

Date/Time:  
30/01/2023 11:25

Classification Of Case:

