# **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 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 24/04/2023 21:30 (SGT) Reported by **Actual Driver** Date of Accident 21/04/2023 12:25 (SGT) Exact Location of Accident Singapore Additional Location Information carpark exit of 100AM Gopeng Road Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

**BMW** 

Vehicle Registration Number SNK1814M

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Pure Motors Pte Ltd Company Reg No 198904469H Email Address angkk@puremotors.com.sg Mobile Phone No (Phone) +65-64633343 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model 320i Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC

## **INSURANCE COMPANY**

Name of Insurance Company QBE Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number 8-V0028532-MVA

#### DRIVER

Name of Driver Ang Kheng Keong NRIC No S7133562C Date Of Birth 19/09/1971 Occupation Indoor

Date Of Driving Pass 03/02/2009 Driving experience 14 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-98444903 Alt. Phone Number Email Address angkk@puremotors.com.sg Address 20 Newton Road #04-02 Address complement Postcode 307953 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 - Major/Minor Rd 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? No 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? 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? Police Station Name Kampong Java Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002959999 Alt. Police Station Phone No (Fax) +65-63913442 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT refer attached police report 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 SHA3811G

Toyota

Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour Vehicle Category Taxi Name of Driver Tan Cheng Kwong NRIC No S1646290Z Contact Number (Phone) +65-89168184 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

# WITNESS DETAILS

WITNESS 1

Name Julius

Phone (Phone) +65-88088164

Email \_\_\_\_\_\_

#### 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 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.
- 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
- (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 Purpose

Policyholder's Signature / Date & Fir

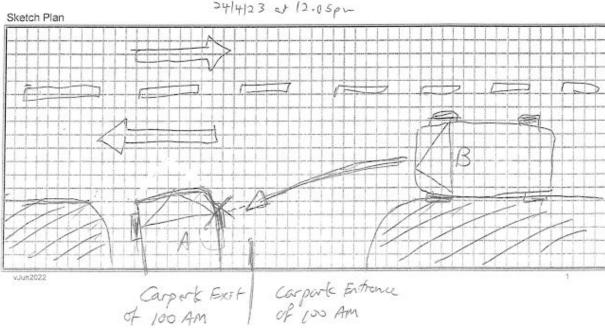
Actual Driver's Signature (if driver is not the

policyholder) / Date & Time

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

TEI -6452 702

Sketch Plan



| Describe Circumstance of the Accident  |
|--|
| I was exiting the cascade slope of the exit of 100AM   |
| slowly and wer the speed have hump and stonged.  |
| slowly and over the speed prop hump and stopped.  I saw a stationary taxi SHA 3811G to on the rod  roadside alighting a passenger. As I was vas accepting  traffic condition to two left, the taxi picked up speed  and sweet swered into my right wheel area  without intention to stop, the taxi driver dained |
| produce diability a resistant As I was you accombine   |
| to the condition to to to be the trie airland are second   |
| and smand - mand hos i gight wheel area  |
| without stration to stee The April dole - de mod   |
| Ant being which is in a world for all  |
| That me my vericle is not working property with  |
| cannot brake.  |
| 9 has ide for I and to it have   |
| I have holes torage witness and take will have   |
| I have video fortage infress and taxi will have a in-can video fortage too.  |
|  |
| I have also made police report and will submit too.  |
|  |
| Also attached Police Report.   |
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| TP claying at Othe Workshop.   |
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Declaration

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

Actual Driver's Signature (if driver is not the policyholder)

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

vJun2022













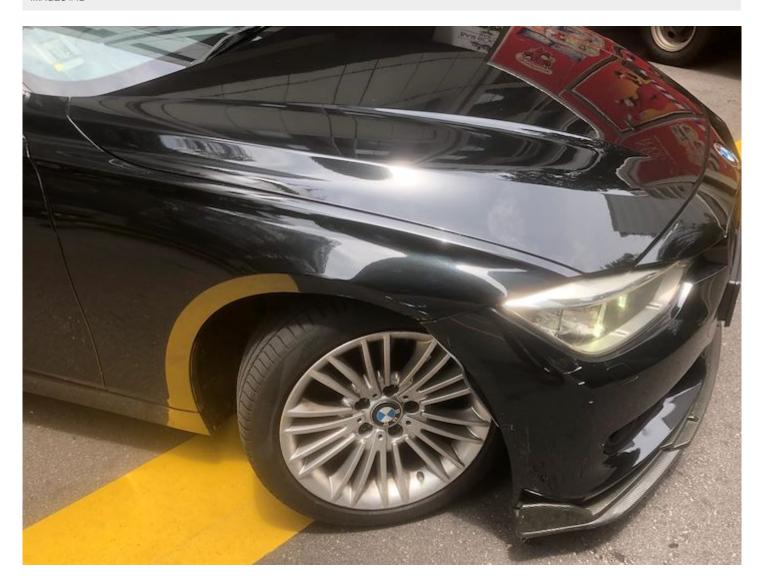
















Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE

1 of 3 Report No. T/20230422/2002

228892

Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

Station Diary No.: Date/Time Report Made: Vide Report No.: 22/04/2023 00:52 Informant's Particulars Name of Informant: 20 NEWTON ROAD #04-02 SINGAPORE 307953 ANG KHENG KEONG Contact No.: ID Type / ID No.: Home/Office: Mobile: 98444903 NRIC NO / S7133562C Email: Nationality: MALAYSIAN zaxxonkk@yahoo.com.sg Type of Informant: Date of Birth: Sex: Age: 51 19/09/1971 Driver Male Race: Language: Chinese Occupation: Driving Licence Information: Date of Expiry: CAR DEALER

Class: 3

| General Inform           | mation of the Accide | int                                    |   |  |  |  |
|--------------------------|----------------------|--|---|--|--|--|
| Type of<br>Accident:     | Non-Injury<br>Others | Drink<br>Drive:<br>No                  | Date/Time of<br>Accident:<br>21/04/2023 12:25 | Type of Location:<br>Straight Road     |  |  |
| Location:<br>GOPENG ST   | REET                 | Road Surface:                          |   |  |  |  |
| Weather:                 |                      | Road Surface:                          |   |  |  |  |
| Traffic Flow:<br>Two Way |                      | Traffic Control:<br>Traffic Light - Wo | rking   | Traffic Volume:<br>Light               |  |  |
| Type of Collis           | sion:                |  |   | Anyone conveyed by<br>ambulance:<br>No |  |  |

| Vehicle No. | Type  | Make | Model | Color | Condition           | No of Passenger |
|-------------|---|------|-------|-------|---------------------|-----------------|
|             | Actor Co. |      |       |       | Slightly<br>Damaged | 0               |
| SNK1814M    | Car   |      |       |       | Slightly<br>Damaged | 0               |



T/20230422/2002

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892 2 of 3 Report No. T/20230422/2002

Tel No: 1800-2959999

CONTINUATION OF REPORT

## Brief Details.

On 21/04/2023 at about 12.25pm, I was driving my company vehicle SNK1814M, exiting the carpark of 100AM, 100 Gopeng St towards Tg Pagar Rd. As my vehicle was going up the hump entering the main road (Gopeng St) I noticed a Taxi bearing SHA3811G at a stationary stop on my right, alighting a passenger. The distance between my vehicle and the Taxi was about 2 car length. As I saw the Taxi at a stationary stop and there was no other oncoming vehicle, I decided to drive my vehicle forward, entering the main road of Gopeng St. However, at this material time, the Taxi suddenly drove towards me and collided onto the front right side of my vehicle resulting the following damages:

- 1. Dent and scratches on front right fender.
- 2. Inward dent and scratches to my front right wheel (rim)

The damage to the Taxi is:

1. Dent and scratches to the front bumper

No one was injured and both the Taxi and I does not have any passengers onboard. Subsequently, we exchanged our particulars and left. No dispute took place.

I have a video recording of the collision through a member of public who was driving behind my vehicle. The video was retrieved via his vehicle dashcam.

I am lodging this report for record purpose.



Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892 Tel No: 1800-2959999



Report No. T/20230422/2002

3 of 3

CONTINUATION OF REPORT

| Signature of Officer Recording The Report:<br>E /<br>SGT 2 YEH CHEN HUI                | Signature Of Informant:        |
|--|--------------------------------|
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>22/04/2023 00:52 |
| Officer In Charge Of Case:<br>TP / GIA /<br>SSI TAY CHUN KEEN<br>Contact No.: 65476436 | Classification Of Case:        |
| NP168  |                                |