

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 25/01/2023 16:04 (SGT)
Reported by Both
Date of Accident 21/01/2023 21:44 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TUAS, LORNIE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM8854C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ANG KWEE BOO
NRIC No S6908595D
Email Address KWEEBOO@GMAIL.COM
Mobile Phone No (Phone) +65-93825661
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5111230968-03

DRIVER

Name of Driver ANG KWEE BOO
NRIC No S6908595D
Date Of Birth 12/03/1969
Occupation Indoor

| | |
|--------------------------------------------------------------------|------------------------------------|
| Date Of Driving Pass | 10/10/2006 |
| Driving experience | 16 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93825661 |
| Alt. Phone Number | - |
| Email Address | KWEEBOO@GMAIL.COM |
| Address | BLK 440B CLEMENTI AVENUE 3, #27-20 |
| Address complement | - |
| Postcode | 122440 |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 3 |
| 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 | WIFE |
| Gender | Female |

PASSENGER 2

| | |
|--------------|----------|
| Name | DAUGHTER |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|-------------------------------------------------|---------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Clementi Division Headquarters |
| Police Station Phone No | (Phone) +65-18007740000 |
| Alt. Police Station Phone No | (Fax) +65-67741705 |
| Police Station Address | 20 Clementi Avenue 5 Singapore 129858 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN

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 | SLC1001H |
| Vehicle Manufacturer | Mercedes |
| Vehicle Model | BENZ |
| 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) | - |

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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

vJun2022

Describe Circumstance of the Accident

PLEASE REFER POLICE REPORT.

NOT SURE HOW MANY PEOPLE IN THIRD PARTY VEHICLE.

Declaration

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



Policyholder's Signature / Date & Time

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



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

KHONG YEE TENG



















**SINGAPORE
POLICE FORCE**



T/20230122/2002

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

1 of 3

Report No. T/20230122/2002

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|------------------|-------------------------|
| Date/Time Report Made: 22/01/2023 01:43 | Vide Report No.: | Station Diary No.: 9 |
|--------------------------------------------|------------------|-------------------------|

Informant's Particulars

| | | | | | |
|------------------------------------------|------------|------------------------------|--------------------------------------------------------------------|--|----------------------------|
| Name of Informant: ANG KWEE BOO | | | Address: APT BLK 440B CLEMENTI AVENUE 3 #27-20 SINGAPORE 122440 | | |
| ID Type / ID No.: NRIC NO / S6908595D | | | Contact No.: Home/Office: Mobile: 93825661 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: kweeboo@gmail.com | | |
| Sex: Male | Age: 53 | Date of Birth: 12/03/1969 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Engineer | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|-----------------------------------------------------------------------------|------------|----------------------|--------------------------------------------|-------------------------------------|
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 21/01/2023 21:45 | Type of Location: Straight Road |
| Location: PAN-ISLAND EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: | | Traffic Volume: Light |
| 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 |
|-------------|------|---------------|-------|-------|------------------|-----------------|
| SLC1001H | Car | MERCEDES BENZ | | | Slightly Damaged | 0 |
| SMM8854C | Car | HONDA | VEZEL | Grey | Slightly Damaged | 2 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230122/2002

2 of 3

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

Report No. T/20230122/2002

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|----------------------------------------|-----------------------------------|
| Driver | | | |
| Name | Ian Sik | ID No. | S8032461H |
| Related Vehicle | SLC1001H (Car) | Contact No. | 94511241 |
| 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 | ANG KWEE BOO | ID No. | S6908595D |
| Related Vehicle | SMM8854C (Car) | Contact No. | 93825661 |
| 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 21/01/2023 at about 2144hrs I was driving my car SMM8854C along PIE towards Tuas/Clementi. Earlier I was on Lornie Road entering into PIE on my way home.

After entering the PIE, I was driving on the second lane from the left. All of a sudden, another car SLC1001H came from the right side of the road wanting to go into my lane. However, in coming into my lane, the rear left side of the car hit onto the front right of my car. Due to the collision both of us drove to the road shoulder.

Both of us exchange our particulars and agreed on a private settlement that I compensate him. The other driver claimed that I had hit onto his car. However, I have in-camera install in my car and after going back home and reviewing the footage, I saw that I was not at fault but the other driver was the one that had hit onto my car.

Both myself and my passenger consisting of my wife and daughter were not injured. The front right side bumper of my car is scratch and dented. This is near the front right tyre.



**SINGAPORE
POLICE FORCE**



T/20230122/2002

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

3 of 3

Report No. T/20230122/2002

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 /

SI SUHAIMI BIN NGAPI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/01/2023 01:43

Officer In Charge Of Case:

TP / GIA / 1

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Classification Of Case:

NP168