

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 First Submission	31/07/2023 13:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/07/2023 12:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UNITY STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA849H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM GEK HIOK (LIN YUYE)
NRIC No	S7307377D
Email Address	ERASMUSANG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91796679
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Polo
Variant	VOLKSWAGEN / POLO 1.2L AT 6R14F7
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	1197

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131973071

DRIVER

Name of Driver	ERASMUS ANG ZHONG QING
NRIC No	T0042502D
Date Of Birth	12/11/2000
Occupation	Indoor

Date Of Driving Pass	20/12/2020
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91796679
Alt. Phone Number	-
Email Address	JESPERTAN73@GMAIL.COM
Address	APT BLK 445 ANG MO KIO AVENUE 10
Address complement	#11-1623
Postcode	560445
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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)	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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO:T/20230729/2111

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	SHD4968R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	SHIOW HAN HO
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**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to attachment

[illegible][illegible]

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time






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






Witnessed by Reporting Centre Personnel




We declare the foregoing particulars are true in every respect.

 _____ Policyholder's Signature / Date & Time	 _____ Driver's Signature (If driver is not the policyholder) / Date & Time	 _____ Witnessed by Reporting Centre Personnel
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We declare the foregoing particulars are true in every respect.

 _____ Policyholder's Signature / Date & Time	 _____ Driver's Signature (If driver is not the policyholder) / Date & Time	 _____ Witnessed by Reporting Centre Personnel
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We declare the foregoing particulars are true in every respect.

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 _____ Policyholder's Signature / Date & Time	 _____ Driver's Signature (If driver is not the policyholder) / Date & Time	 _____ Witnessed by Reporting Centre Personnel
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 _____ Policyholder's Signature / Date & Time	 _____ Driver's Signature (If driver is not the policyholder) / Date & Time	 _____ Witnessed by Reporting Centre Personnel
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We declare the foregoing particulars are true in every respect.

 _____ Policyholder's Signature / Date & Time	 _____ Driver's Signature (If driver is not the policyholder) / Date & Time	 _____ Witnessed by Reporting Centre Personnel
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**SINGAPORE
POLICE FORCE**


T/20230729/2111

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20230729/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2023 23:29	Vide Report No.:	Station Diary No.: 132
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Informant's Particulars

Name of Informant: ERASMUS ANG ZHONG QING	Address: APT BLK 445 ANG MO KIO AVENUE 10 #11-1623 SINGAPORE 560445		
ID Type / ID No.: NRIC NO / T0042502D	Contact No.: Home/Office: Mobile: 91796679		
Nationality: SINGAPORE CITIZEN	Email: erasmusang@hotmail.com		
Sex: Male	Age: 22	Date of Birth: 12/11/2000	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: Sports coach	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: 29/07/2023 12:40	Type of Location: Straight Road
Location: UNITY STREET				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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
SHD4968R	Taxi					0
SKA849H	Car	VOLKSWAGO N	POLO	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA849H	NTUC Income Insurance Co-Operative Limited			



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Report No. T/20230729/2111

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	SHIOW HAN HO	ID No.	S1543735I
Related Vehicle	SHD4968R (Taxi)	Contact No.	81814442
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	ERASMUS ANG ZHONG QING	ID No.	T0042502D
Related Vehicle	SKA849H (Car)	Contact No.	91796679
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 29/07/2023 at about 1240hrs, I was driving my car SKA849H. I had parked my car along Unity Road (towards Clemenceau Avenue) Parallel Parking (4th lot from the front) and was exiting the lot. It is a dual carriage road with 2 lanes each direction.

There was a white Tesla waiting for me to exit the lot behind. While I was exiting to the main road, a taxi SHD4968R cut into the right of the tesla thus collided side swipe with the right front of my car.

There was no recording in my car. The taxi driver asked me if I was exiting the lot. I told him that I was exiting, and the tesla was waiting and instead of waiting, he had overtaken the tesla thus causing the collision with my car.

The front right side of my car was damaged. No one was injured.

I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20230729/2111

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Report No. T/20230729/2111

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /
SR STAFF SGT NURULHUDA
BINTE OMAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/07/2023 23:29

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

Classification Of Case:

NP168