

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	17/09/2024 15:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/09/2024 09:30 (SGT)
Exact Location of Accident	Punggol Wy, Singapore
Additional Location Information	SLIP RD TWDS TPE (PIE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4166T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VALUE PLUS ENGINEERING PTE LTD
Company Reg No	200410734N
Email Address	ADRIAN@VALUEPLUS.COM.SG
Mobile Phone No	(Phone) +65-94231444
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Kodiaq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131239118-01

DRIVER

Name of Driver	NEO PEI SIONG (LIANG PEIXIANG)
NRIC No	S8111268A
Date Of Birth	04/04/1981
Occupation	Indoor
Driving Pass Date	13/05/2004
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94231444
Alt. Phone Number	-
Email Address	ADRIAN@VALUEPLUS.COM.SG
Address	BLK 32A SUMANG WALK #15-945
Address complement	-
Postcode	821323
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	2
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	LIM HUI ENG
Gender	Female

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 TO POLICE REPORT: T/20240917/7043.

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 SJP626S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver CHUA KOK KEONG
NRIC No -1
Contact Number (Phone) +65-88423387
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEHICLE B
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKX1216G
Vehicle Manufacturer -
Vehicle Model -
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 VEHICLE C
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLU5528J
Vehicle Manufacturer -
Vehicle Model -
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 VEHICLE D
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LIM HUI ENG
Gender Female



Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMF4166T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

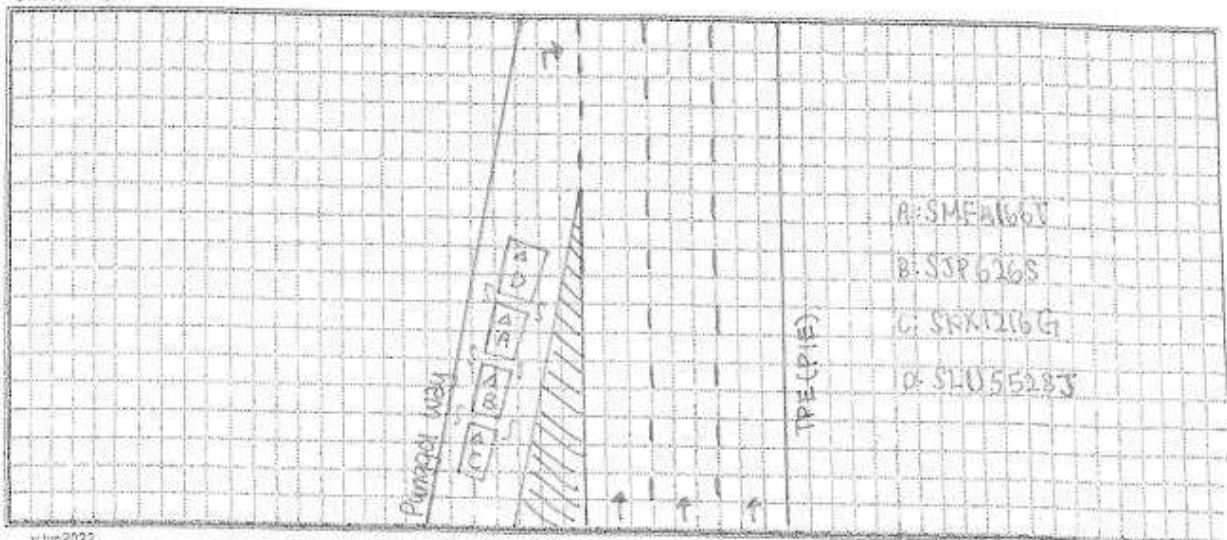
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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




Describe Circumstance of the Accident:

AS PER POLICE REPORT

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 NR/CID card)

vJun2022



**SINGAPORE
POLICE FORCE**



T/20240917/7043

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

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Report No, T/20240917/7043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2024 13:05		Vide Report No.: F/20240917/0050		Station Diary No.:
Informant's Particulars				
Name of Informant: NEO PEI SIONG		Address: 323A SUMANG WALK #15-945 SINGAPORE 821323		
ID Type / ID No.: NRIC NO / S8111268A		Contact No.: Home/Office: Mobile: 94231444		
Nationality: SINGAPORE CITIZEN		Email: adrian@valueplus.com.sg		
Sex: Male	Age: 43	Date of Birth: 04/04/1981	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Project Engineer		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive:	No	Date/Time of Accident:	17/09/2024 09:30	Type of Location:	Straight Road
Location: PUNGGOL PLACE							
Weather: Clear		Road Surface: Dry					
Traffic Flow: One Way		Traffic Control: Not Controlled			Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear						Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP626S	Motor car					0
SKX1216G	Motor car					0
SLU5528J	Motor car					0
SMF4166T	Motor car					0



**SINGAPORE
POLICE FORCE**



T/20240917/7043

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

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Report No. T/20240917/7043

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LIM HUI ENG	ID No.	S8013796F
Related Vehicle	SMF4166T (Motor car)	Contact No.	90185013
Hospital/Clinic	PUNGGOL FAMILY CLINIC PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/09/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	02	Degree of Injury	Slight
Driver			
Name	NEO PEI SIONG	ID No.	S8111268A
Related Vehicle	SMF4166T (Motor car)	Contact No.	94231444
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

I was travelling along Punggol way slip road towards TPE (PIE) on 17/09/2024 at about 930am. I was travelling straight when the vehicle in front slow down and stopped, I follow suit and stopped. Suddenly I felt a huge impact from the rear and the impact caused my vehicle to be pushed forward. I alighted and found out that it was a chain collision consisting of 4 vehicles. Afterwards Traffic police and Ambulance came, the 4th vehicle SKX1216G driver went up the ambulance and traffic police took my SD card. The traffic police allowed us to leave and we left the scene.

After the accident my wife felt unwell and proceeded to consult a doctor.

1st vehicle: SLU5528J
2nd vehicle: SMF4166T
3rd vehicle: SJP626S
4th vehicle: SKX1216G



**SINGAPORE
POLICE FORCE**

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



T/20240917/7043

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Report No. T/20240917/7043

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

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

Date/Time:
17/09/2024 13:05

Classification Of Case:

NP168