

## 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        | 14/11/2024 11:50 (SGT)              |
| Reported by                     | Both Policyholder and Actual Driver |
| Date of Accident                | 13/11/2024 11:24 (SGT)              |
| Exact Location of Accident      | Yio Chu Kang Rd, Singapore          |
| Additional Location Information | -                                   |
| Country/State of Loss           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SCG9885G |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | No                   |
| Name Of Registered Owner | NEO AH LIK           |
| NRIC No                  | S0997597G            |
| Email Address            | NEOCHERLI@GMAIL.COM  |
| Mobile Phone No          | (Phone) +65-98761396 |
| Alternative Phone No     | +65-96802017         |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Nissan                    |
| Model  | Sylphy                    |
| Variant  | -                         |
| 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   | 1598                      |
| 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 | 5115555402-04            |

#### DRIVER

|  |                              |
|--|------------------------------|
| Name of Driver   | NEO AH LIK                   |
| NRIC No  | S0997597G                    |
| Date Of Birth  | 21/01/1949                   |
| Occupation   | Indoor                       |
| Driving Pass Date  | 14/06/1974                   |
| Driving License Pass Class                                   | 3                            |
| Driving License Validity                                     | Valid                        |
| Driving experience   | 50 YEARS AND 5 MONTHS        |
| Gender   | Male                         |
| Mobile Number  | (Phone) +65-98761396         |
| Alt. Phone Number  | +65-96802017                 |
| Email Address  | NEOCHERLI@GMAIL.COM          |
| Address  | 481 YIO CHU KANG ROAD #01-12 |
| Address complement   | -                            |
| Postcode   | 787056                       |
| 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   | 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   | 3   |
| 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)   | 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   | ONG PEH MUI |
| Gender | Female      |

#### PASSENGER 2

|        |             |
|--------|-------------|
| Name   | NEO CHER LI |
| 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



PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

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 ..... SMA7817E  
Vehicle Manufacturer ..... Honda  
Vehicle Model ..... Fit  
Vehicle Variant ..... -  
Vehicle Colour ..... White  
Vehicle Category ..... Private hire  
Name of Driver ..... TEO SHI WEI  
NRIC No ..... S8516818E  
Contact Number ..... (Phone) +65-88370338  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SJJ9565G  
Vehicle Manufacturer ..... Toyota  
Vehicle Model ..... Camry  
Vehicle Variant ..... -  
Vehicle Colour ..... Gray  
Vehicle Category ..... Private car  
Name of Driver ..... NG CHER CHUAN, CHRISTOPHER  
NRIC No ..... S8528563G  
Contact Number ..... (Phone) +65-96603540  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... NEO AH LIK  
Gender ..... Male  
Phone No ..... (Phone) +65-98761396  
Address ..... 481 YIO CHU KANG ROAD #01-12  
Address Complement ..... -  
Post Code ..... 787056  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... OBTAINED 3 DAYS MC  
Were seat belts worn? ..... SCG9885G  
Was this injured conveyed to hospital by ambulance? ..... Yes  
No

INJURED 2

Name of injured person ..... ONG PEH MUI  
Gender ..... Female

|   |                    |
|---|--------------------|
| Phone No  | -                  |
| Address   | -                  |
| Address Complement                                  | -                  |
| Post Code   | -                  |
| Approximate Age Years Old                           | -                  |
| Injuries Sustained                                  | OBTAINED 3 DAYS MC |
| Injured person in which vehicle?                    | SCG9885G           |
| Were seat belts worn?                               | Yes                |
| Was this injured conveyed to hospital by ambulance? | No                 |

INJURED 3

|   |                    |
|---|--------------------|
| Name of injured person                              | NEO CHER LI        |
| Gender  | Female             |
| Phone No  | -                  |
| Address   | -                  |
| Address Complement                                  | -                  |
| Post Code   | -                  |
| Approximate Age Years Old                           | -                  |
| Injuries Sustained                                  | OBTAINED 3 DAYS MC |
| Injured person in which vehicle?                    | SCG9885G           |
| Were seat belts worn?                               | Yes                |
| Was this injured conveyed to hospital by ambulance? | No                 |

**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.
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;

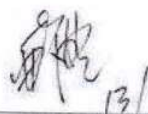
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(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

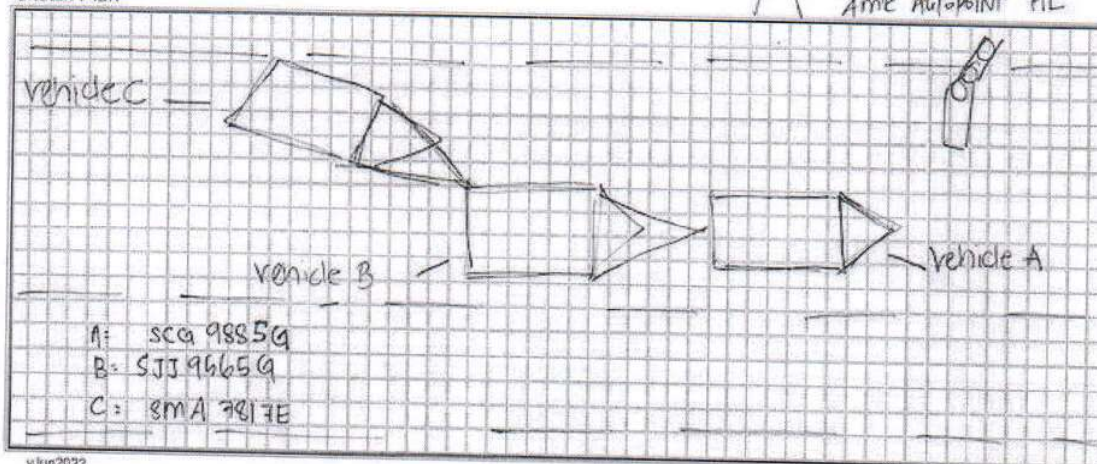
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
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

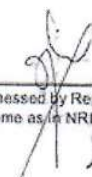
PLEASE REFER TO POLICE REPORT ATTACHED.

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)  
Jbelle Tan  
tme Autopoint PIL

vJun2022



































**SINGAPORE POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

1 of 4  
Report No: 1-20241147023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2024 11:13

Video Report No: \_\_\_\_\_ Station Diary No: \_\_\_\_\_

**Informant's Particulars**

Name of Informant: Neo Chai Li

Address: 812 YIO CHU KANG ROAD #05-29 THE CALIDGE SINGAPORE 781081

ID Type/ ID No: NRIC NO: S7218884A

Contact No: Home/Office: \_\_\_\_\_ Mobile: 95602617

Nationality: SINGAPORE CITIZEN

Email: neo.chai.li@gmail.com

Sex: Female Age: 47 Date of Birth: 30/06/1977

Type of Informant: Passenger

Race: Chinese

Language: English

Occupation: Housewife

Driving Licence Information: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

**General Information of the Accident**

Type of Accident: Non-Injury

Attended by Police: No

Drink Drive: No

Date/Time of Accident: 13/11/2024 11:24

Type of Location: Straight Road

Location: YIO CHU KANG ROAD

Weather: Clear

Road Surface: Dry

Traffic Flow: One Way

Traffic Control: Traffic Light - Working

Traffic Volume: Light

Type of Collision: Chain collision, first car stationary at traffic light

Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

| Vehicle No | Type      | Make   | Model  | Color | Condition         | No of Passenger |
|------------|-----------|--------|--------|-------|-------------------|-----------------|
| SCD98850   | Motor car | NISSAN | Serphy | Grey  | Slightly Damaged  | 3               |
| SJH56650   | Motor car | TOYOTA | Camry  | Grey  | Slightly Damaged  | 2               |
| SMA 7817E  | Motor car | HONDA  | FIT    | White | Seriously Damaged | 2               |

**Details of Vehicle Insurance**

| Vehicle No | Insurance Company | Insurance No | Effective Date | Expiry Date |
|------------|-------------------|--------------|----------------|-------------|
|            |                   |              |                |             |





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000



1/2024 1114/7023

4 of 6

Report No: 1/2024 1114/7023

CONTINUATION OF REPORT

| Details of Vehicle Insurance |                               |               |                |             |
|------------------------------|-------------------------------|---------------|----------------|-------------|
| Vehicle No.                  | Insurance Company             | Insurance No. | Effective Date | Expiry Date |
| SCQ985G                      | NTUC Income                   | 611555402-04  | 17/01/2024     | 16/01/2025  |
| SUR956G                      | India International Insurance |               |                |             |
| SMA 7817E                    | NTUC Income                   |               |                |             |

| Details of Person Involved             |                     |  |                                   |
|--|---------------------|--|-----------------------------------|
| Any Pedestrian Involved: No            |                     |  |                                   |
| No. of Pedestrians Injured: Nil        |                     | Use of Pedestrian Crossing: NA         |                                   |
| Passenger                              |                     |  |                                   |
| Name                                   | NEO CHER LI         | ID No.                                 | S7716594A                         |
| Related Vehicle                        | SCQ985G (Motor car) | Contact No.                            | 96602017                          |
| Hospital/Clinic                        | Nil                 | Class of Driving Licence & Expiry Date | Class: Nil<br>Date of Expiry: Nil |
| Date Treatment                         | Nil                 | Date Discharge                         | Nil                               |
| No. of Days granted Medical Leave (ML) | Nil                 | Degree of Injury                       | Nil                               |

| Driver                                 |                     |  |                                   |
|--|---------------------|--|-----------------------------------|
| Name                                   | NEO AHLIN           | ID No.                                 | S0997597G                         |
| Related Vehicle                        | SCQ985G (Motor car) | Contact No.                            | NIL                               |
| Hospital/Clinic                        | NIL                 | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                         | NIL                 | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave (ML) | NIL                 | Degree of Injury                       | NIL                               |
| Passenger                              |                     |  |                                   |
| Name                                   | ONG PEH MUI         | ID No.                                 | S0922138G                         |
| Related Vehicle                        | SCQ985G (Motor car) | Contact No.                            | NIL                               |
| Hospital/Clinic                        | NIL                 | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                         | NIL                 | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave (ML) | NIL                 | Degree of Injury                       | NIL                               |



**SINGAPORE  
POLICE FORCE**

Police Station of Origin  
Canton Police  
10 Ulu Areal 3 SINGAPORE 400004  
Tel No: 65470000



1500411147029

3 of 4

Report No: 1500411147029

CONTINUATION OF REPORT

|  |   |  |                                 |
|--|---|--|---------------------------------|
| <b>Passenger</b>                       |   | <b>ID No</b>                           |                                 |
| Name                                   | Ng Q. CHIA LI                             | Contact No                             | 87718966                        |
| Registered Vehicle                     | SC008853 (Motor car)                      | Class of Driving Licence & Expiry Date | Class: Nil, Date of Expiry: Nil |
| Hospital/Clinic                        | NIL                                       | Date Discharge                         | Nil                             |
| Date Treatment                         | Nil                                       | Degree of Injury                       | Nil                             |
| No. of Days granted Medical Leave (MC) | 1 NIL                                     |  |                                 |
| <b>Driver</b>                          |   | <b>ID No</b>                           |                                 |
| Name                                   | Ng CHEN CHUAN, CHEN LUPHET (HONG) ZU JIAN | Contact No                             | 88905640                        |
| Registered Vehicle                     | SC006650 (Motor car)                      | Class of Driving Licence & Expiry Date | Class: Nil, Date of Expiry: Nil |
| Hospital/Clinic                        | NIL                                       | Date Discharge                         | Nil                             |
| Date Treatment                         | Nil                                       | Degree of Injury                       | Nil                             |
| No. of Days granted Medical Leave (MC) | 1 NIL                                     |  |                                 |
| <b>Driver</b>                          |   | <b>ID No</b>                           |                                 |
| Name                                   | TEO SHI AN (TANANG SHINE)                 | Contact No                             | 88616816                        |
| Registered Vehicle                     | 8MA/8172 (Motor car)                      | Class of Driving Licence & Expiry Date | Class: Nil, Date of Expiry: Nil |
| Hospital/Clinic                        | NIL                                       | Date Discharge                         | Nil                             |
| Date Treatment                         | Nil                                       | Degree of Injury                       | Nil                             |
| No. of Days granted Medical Leave (MC) | 1 NIL                                     |  |                                 |


**Brief Details:**

I was the first vehicle stationary at traffic light, while waiting for traffic light a second car was stationary behind me. Subsequently, a third vehicle from behind hit into the second vehicle and causing it to hit my vehicle.

There were 03 passengers in the vehicle


- 1) Driver: Ng Q. CHIA LI (SC008853) (03 Days MC)
- 2) Front passenger: Ong Poh Mui (SC002138) (03 Days MC)
- 3) Left Rear Passenger: Myself (03 Days MC)





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police:  
10 USC Avenue, #04-00/01 SINGAPORE 438661  
Tel No. 65470000



102241147023

Page No. 102241147023

CONTINUATION OF REPORT

|  |   |
|--|---|
| <p>Signature Of Officer Recording The Report:<br/>Not applicable</p>                                   | <p>Signature Of Informant:<br/>The identity of the person making this report has been<br/>authenticated by Singapore. No signature is required.</p> |
| <p>Signature Of Interpreter:<br/>Not applicable</p>  | <p>Date/Time:<br/>14/11/2024 11:12</p>  |
| <p>Officer in Charge Of Case:<br/>TP (T198)<br/>NUR HAFIZAH BINTI HARLIN<br/>Contact No.: 96334622</p> | <p>Classification Of Case:</p>  |

This report is lodged at Ang Mo Kio South NPO Kiosk 1 NP156

