

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	09/12/2024 14:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/12/2024 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINA BOULEVARD TURNING LEFT TO SHEARES AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNR5296U
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO SAY CHEW, GLEN
NRIC No	S9419964F
Email Address	GLENEO_SAYCHEW@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96966092
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5 2.0 TFSI QU (180 BHP)
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	1984
Vehicle Fuel	Petrol
First Registration Date	30/11/2016
Chassis no	WAUZZZ8R9HA019475
Effective Date/Time of Ownership	03/07/2024 04:07 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5027376

DRIVER

Name of Driver	NEO SAY CHEW, GLEN
NRIC No	S9419964F
Date Of Birth	06/06/1994
Occupation	Indoor
Driving Pass Date	19/07/2016
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96966092
Alt. Phone Number	-
Email Address	GLENEO_SAYCHEW@HOTMAIL.COM
Address	BLK 149 RIVERVALE CRESCENT 05-52 SINGAPORE 540149
Address complement	-
Postcode	-
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	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

PLS REFER TO 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	SMJ1108K
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Attrage
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	LING HWA JUN
NRIC No	S9170953H
Contact Number	(Phone) +65-96874859
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	5

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NEO SAY CHEW, GLEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SHOLDER AND NECK
Injured person in which vehicle?	SNR5296U
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)

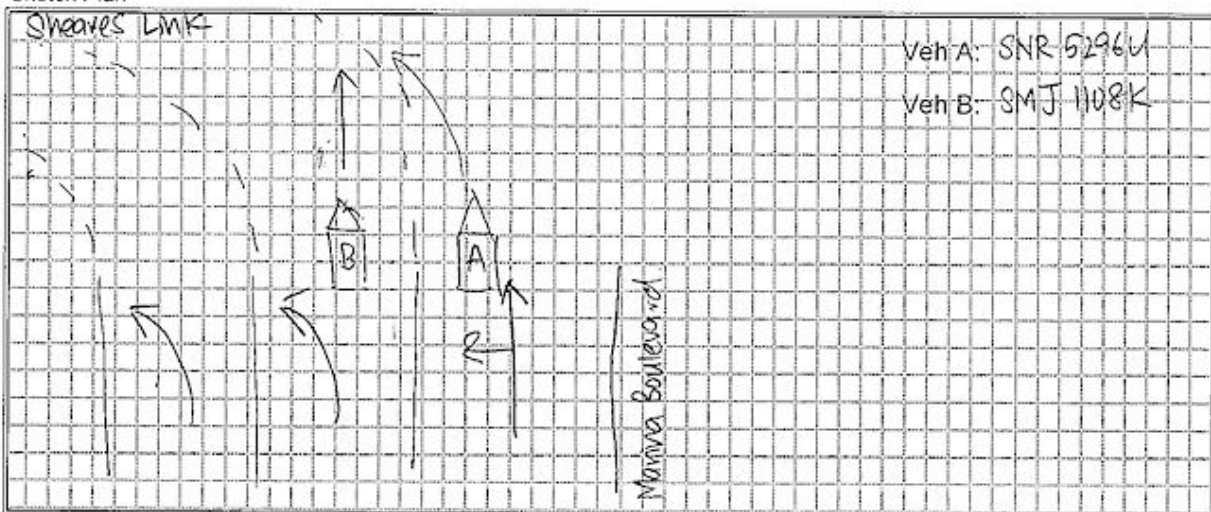
I understand, acknowledge, agree and consent that:

- (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.

 1346
9/12/2024
Policyholder's Signature / Date & Time

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	
VEHICLE NO: SNR 5296 U	ACCIDENT DATE & TIME: 8 Dec 2024 2:30pm
CONTACT NUMBER: 9696 6092	E-MAIL: glenned_saychew@hotmail.com
LOCATION: Marina Boulevard turning left to Sheaves Link.	
Veh B: SMJ 1108K	
Refer to police report.	
Damage to my car was on the left rim and the area above the left rim. Entire bonnet is dented badly. Headlight is also damaged.	
Opposite car damaged on the front right portion.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY	

Declaration

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

 1346
9/12/2024
Policyholder's Signature / Date & Time

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


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



**SINGAPORE
POLICE FORCE**



T/20241209/7046

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

1 of 3

Report No. T/20241209/7046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2024 12:59		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NEO SAY CHEW, GLEN			Address: 149 RIVERVALE CRESCENT #05-52 SINGAPORE 540149		
ID Type / ID No.: NRIC NO / S9419964F			Contact No.: Home/Office: Mobile: 96966092		
Nationality: SINGAPORE CITIZEN			Email: GLENNEO_SAYCHEW@HOTMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 06/06/1994	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Insurance sales agent/broker			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/12/2024 14:30	Type of Location: Bend
Location: MARINA BOULEVARD				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SMJ1108K	Motor car	MITSUBISHI	ATTRAGE	Maroon	Slightly Damaged	4
SNR5296U	Motor car	AUDI	q5	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNR5296U	Great Eastern General Insurance	V5027376	03/07/2024	02/07/2025



**SINGAPORE
POLICE FORCE**



T/20241209/7046

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

2 of 3

Report No. T/20241209/7046

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SMJ1108K (Motor car)	Contact No.	NIL
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
Driver			
Name	NEO SAY CHEW, GLEN	ID No.	S9419964F
Related Vehicle	SNR5296U (Motor car)	Contact No.	96966092
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/12/2024	Date Discharge	09/12/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

I was on the middle lane(lane 3), when i was making a left turn. The road i am travelling on has a front and left arrow. Driver on my left, only can turn left(lane 4). We were on marina boulevard and i was turning left going up to ECP(Changi) traveling by Sheares Ave. While turning left, the driver went straight and cross the guide line and went into my car, his lane can only turn left while my lane can go left and straight which i on the left signal for awhile indicating my intention to left turn.

After hitting into my car, we stopped in the middle of the road, exchanged particulars and left. Driver insisted that i was wrong as i can only go straight and not turn left despite me turning on the left signal for quite a long time. I didn't bother to say too much, we agreed to settle through insurance.

After i went home, yesterday night i felt my shoulder linking to the trap area near my neck having soreness, and i went to see my doctor(Doctors For Life @ Pickering) the next day, and was given 3 days MC.

the side of my vehicle on the top of the left rim was severely dented, rim is scratches badly. Paint also came off at the dented area.

The driver did not mention any injury to him and his passengers.

I have all the footage front and rear camera of myself driving the vehicle in the correct lane. Can contact me @ 96966092 for the footage.



**SINGAPORE
POLICE FORCE**

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



T/20241209/7046

3 of 3

Report No. T/20241209/7046

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

This report is lodged at Bukit Merah West NPC Kiosk 1
NP168

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

Date/Time:
09/12/2024 12:59

Classification Of Case: