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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 16/12/2024 23:46 (SGT) Reported by **Actual Driver** Date of Accident 13/12/2024 11:15 (SGT) Exact Location of Accident Near Blk 803, Singapore Additional Location Information WOODLANDS AVE 2 TOWARDS REPUBLIC POLY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW7312D

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SUPERTEC LIMOUSINE PTE LTD Company Reg No 200911332H Email Address NEO.DERRICK@GMAIL.COM Mobile Phone No (Phone) +65-96998181 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Alphard Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 2493 Vehicle Fuel Petrol First Regisration Date 07/12/2020 Chassis no AYH300104073 Effective Date/Time of Ownership 07/12/2020 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D22MFL0009578_02

DRIVER

Name of Driver DERRICK NEO PEK LIE NRIC No S7918437C Date Of Birth 27/06/1979 Occupation Indoor Driving Pass Date 03/09/1999 Driving License Pass Class Driving License Validity Valid Driving experience 25 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-96998181 Alt. Phone Number Email Address NEO.DERRICK@GMAIL.COM Address BLK 512 HOUGANG AVE 10 Address complement #13-55 Postcode 530512 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 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 REFER TO POLICE REPORT NO: T/20241213/7106 ATTACHMENT(S) Are accident photos available for attachment? Yes

No

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE3921Y
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	NA / Unknown
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	DERRICK NEO PEK LIE Male (Phone) +65-96998181 BLK 512 HOUGANG AVE 10 #13-55 530512 45 REFRE TO POLICE REPORT NO: T/20241213/7106 SMW7312D Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repodute policy liability</u>.
- 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.
- 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 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.

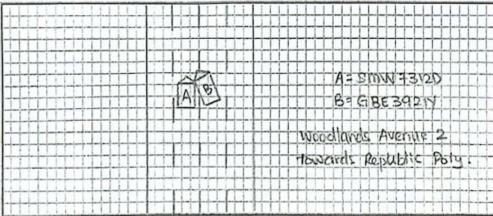
- (ii) investigating the accident and/or my claims.
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of 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 of more of the above Purposes; and

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

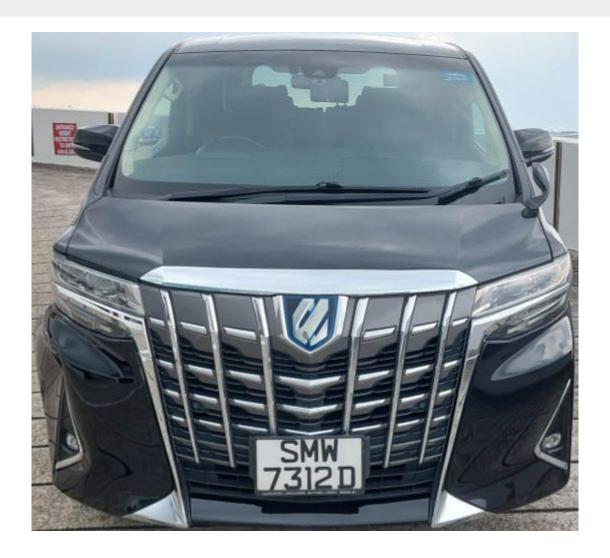
Policyholder's Signature / Daha 3 Co.

Driver's Signature (if driver is not the policyholder) / Date 4 Time Witnessed by Reporting Control Personnel (Name as in NRIC/ID card)

Sketch Plan



1





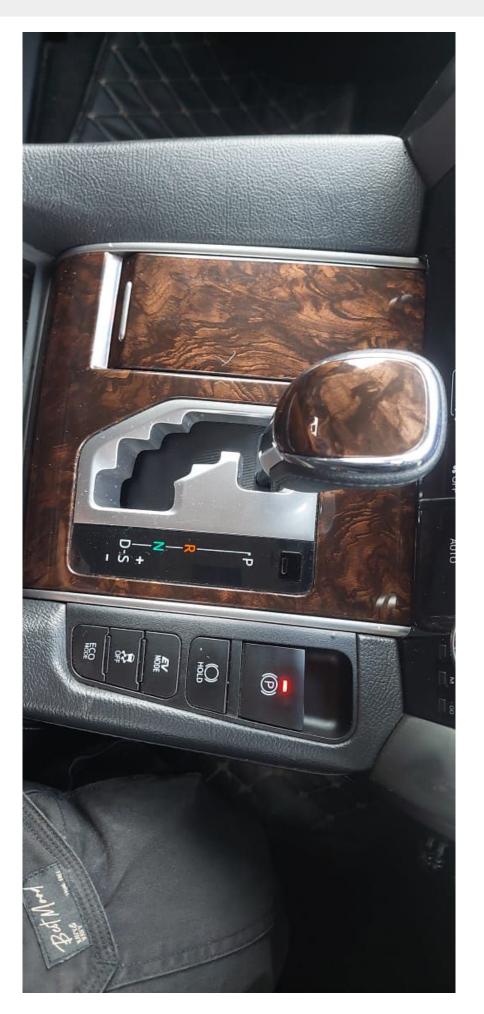


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241213/7106

REPORT (OF A TRAF	FIC ACCIDENT				
Date/Tim 13/12/202	e Report 24 21:26	Made:	Vide Report No.: Station I			Station Diary No.:
Informant	t's Particu	lars				
Name of DERRICE	Informant K NEO PE	Control of the second s	Addres 512 HC		NUE 10 #13-55 SINGAP	ORE 530512
ID Type / NRIC NO		437C	Contac Home/	1010140 F.C. 50	Mobile: 969	98181
Nationalit SINGAPO		ZEN	Email: NEO.D	ERRICK@GM	AIL.COM	
Sex: Male	Age: 45	Date of Birth: 27/06/1979	Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation Manager			Driving Licence Information: Class: Date of Expiry:			iry:
					-	
Seneral In	formation	of the Accident				
Type of A	ccident:	Injury Others		Drink Drive: No	Date/Time of Accident: 13/12/2024 11:15	Type of Location:
Location:	× 1					

Seneral Information	of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/12/2024 11:15	Type of Location:	
Location: WOODLANDS AVI	ENUE 2				
Weather:		Road Surface:			
Traffic Flow:		Traffic Control:	Traf	Traffic Volume:	
ype of Collision:				one conveyed by oulance:	

	nicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMW7312D	Motor car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20241213/7106

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241213/7106

CONTINUATION OF REPORT

Driver						
Name	DERRICK NEO PEK LIE			ID No).	S7918437C
Related Vehicle	SMW7312D (Motor car)		Conta	act No.	96998181	
Hospital/Clinic	NIL		NIL Class of Driving Licence & Expiry Date	ng ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	March 197	Date Disch	narge	NIL	(
No. of Days grant	ed Medical Leave (MC)	07	Degree of	Injury	Serio	us

Brief Details.

On the stated date and time, I was driving SMW7312D along Woodlands Ave 2 towards Republic Poly direction.

I was travelling straight when GBE3921Y, which was initially stationary inside the queue along the lane on my right, abruptly swerved out at fast speed.

As the distance between us was just too close when the van abruptly dashed out, there was no way I could avoid the accident despite slamming on my brakes.

The impact was huge and I knocked both of my knees against the underside of my dashboard.

As my body lurched forward, I twisted my right hand which was holding onto the steering wheel.

Upon alighting, I realised that the front right portion of my vehicle was dented and damaged.

I started hearing funny sounds coming from my front right portion after the accident as well. I felt that it was unsafe to drive any longer and had no choice but to arrange for tow.

Shortly after the accident, my knees started hurting. The same evening, my neck, shoulders, right wrist, upper and lower back areas started feeling sore as well.

As such, I sought treatment at J Medical Clinic on the way back home and was given 7 days MC for injuries caused by the accident.



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



3 of 3 Report No. T/20241213/7106

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2024 21:26
Officer In Charge Of Case: TP / AEIT / TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
NP168	



Describe Circumstance of the Accident
Refer to Police Report
T/20241213/7106
Declaration IWe declare the foregoing particulars are true in every respect.
Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date Wilnessed by Reporting Centre Personnel & Time (Name as in NRIC/ID card)



SINGAPORE ACCIDENT STATEMENT

Accident Date: 13/12/2024 Time: 11:15 (hh:mm) 24 hr format
Location Woodlands Avenue 2 towards Republic Poly
Toolstones Mense
Vehicle Number SMW 7312D
Insured Name Supertec Limousine Pte Ltd
NRIC /FIN 2009 11332H Contact Number 96 99 818 1
Make Tourts Model Alphand Hulland
Make Toyota Model Alphard Hybrid Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: (/) Third Party () Reporting
Insurance Company India International
m
Policy Number D22MFL0009578 - 02
Name of Driver Derrick Neo Pek Lie ()Same as Insured
NRIC / FIN S7918437C Contact Number 9699 8181
Date of Birth 27/06/1979
Driving Pass Date 03/09/1999
Occupation (/) Indoor () Outdoor
Gender (/) Male () Female
Email Address NEO. DERRICK @GMAIL. COM ()NO EMAIL
Address of Driver BLK 512 Hougang Avenue 10 #13-55
Singapore 530512
Was driver an employee of the Insured's Company? (/) Yes () No
If No, Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes (/) No
If Yes , Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions (/) Clear () Raining () Others
Road Surface (/) Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes (/) No
Was anybody injured in the accident? (/) Yes () No If yes, injured detail Driver - 7 mc Days
If yes, injured detail Driver - 7 MC Days
Was there any video captured by Car Camera? () Yes (/) No
Was the Accident reported to the Police? (/) Yes () No If yes attach police report
DETAILS OF 3rd party Name / Nric Contact
Veh B GBE3921Y
Veh C
Veh D
Veh E
Veh F

Driver only

neo. derrick @gmail.com