

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	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
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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 your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2493
Vehicle Fuel	Petrol
First Registration 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	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 3 MONTHS
Gender	Male
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)	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

REFER TO POLICE REPORT NO: T/20241213/7106

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

SKETCH PLANIMPORTANT NOTICE

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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

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

Witnessed by Reporting Officer Personnel
(Name as in NRIC/ID card)Sketch Plan

		A = SMW 7312D	
		B = GBE 3921Y	
Woodlands Avenue 2 Towards Republic Poly.			



















SINGAPORE POLICE FORCE



T/20241213/7106

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 TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2024 21:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: DERRICK NEO PEK LIE			Address: 512 HOUGANG AVENUE 10 #13-55 SINGAPORE 530512		
ID Type / ID No.: NRIC NO / S7918437C			Contact No.: Home/Office: Mobile: 96998181		
Nationality: SINGAPORE CITIZEN			Email: NEO.DERRICK@GMAIL.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:		

General 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 AVENUE 2				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	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



**SINGAPORE
POLICE FORCE**



T/20241213/7106

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

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Report No. T/20241213/7106

CONTINUATION OF REPORT

Driver			
Name	DERRICK NEO PEK LIE	ID No.	S7918437C
Related Vehicle	SMW7312D (Motor car)	Contact No.	96998181
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)	07	Degree of Injury	Serious

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.

**SINGAPORE
POLICE FORCE**

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



T/20241213/7106

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Report No. T/20241213/7106

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
TAN JEOK LENG
Contact No.: 65476151

NP168

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

Date/Time:
13/12/2024 21:26

Classification Of Case:



Describe Circumstance of the Accident

Refer to Police Report

T/20241213/7106

Declaration

I/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

of



Witnessed by Reporting Centre Personnel
(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				
Vehicle Number SMW7312D				
Insured Name Supertec Limousine Pte Ltd				
NRIC / FIN 200911332H		Contact Number 96998181		
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				
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number D22MFL0009578-02				
Name of Driver Derrick Neo Pek Lie		() Same as Insured		
NRIC / FIN S7918437C		Contact Number 96998181		
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				
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 3 rd party		Name / Nric		Contact
Veh B G1BE3921Y				
Veh C				
Veh D				
Veh E				
Veh F				

Driver Only

neo.derrick@gmail.com