

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	19/12/2024 17:49 (SGT)
Reported by	Actual Driver
Date of Accident	18/12/2024 21:15 (SGT)
Exact Location of Accident	Kaki Bukit Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU834H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Neo Yao Sheng
NRIC No	S8814631Z
Email Address	nelson@anspns.com.sg
Mobile Phone No	(Phone) +65-91895023
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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	2000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MZD08743

DRIVER

Name of Driver	Neo De Sheng
NRIC No	S9408513F
Date Of Birth	09/03/1994
Occupation	Indoor
Driving Pass Date	03/06/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93859934
Alt. Phone Number	-
Email Address	desheng.94@hotmail.com
Address	512 Hougang Avenue 10 #13-69
Address complement	-
Postcode	530512
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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)	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	Eileen Sim
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 the sketch plan/police report no: T/20241219/7003.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD card with traffic police.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNK114G
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	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMV6228B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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	Eileen Sim
Gender	Female
Phone No	(Phone) +65-87833340
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	28
Injuries Sustained	-
Injured person in which vehicle?	SLU834H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	-
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-

Injured person in which vehicle?	SMV6228B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

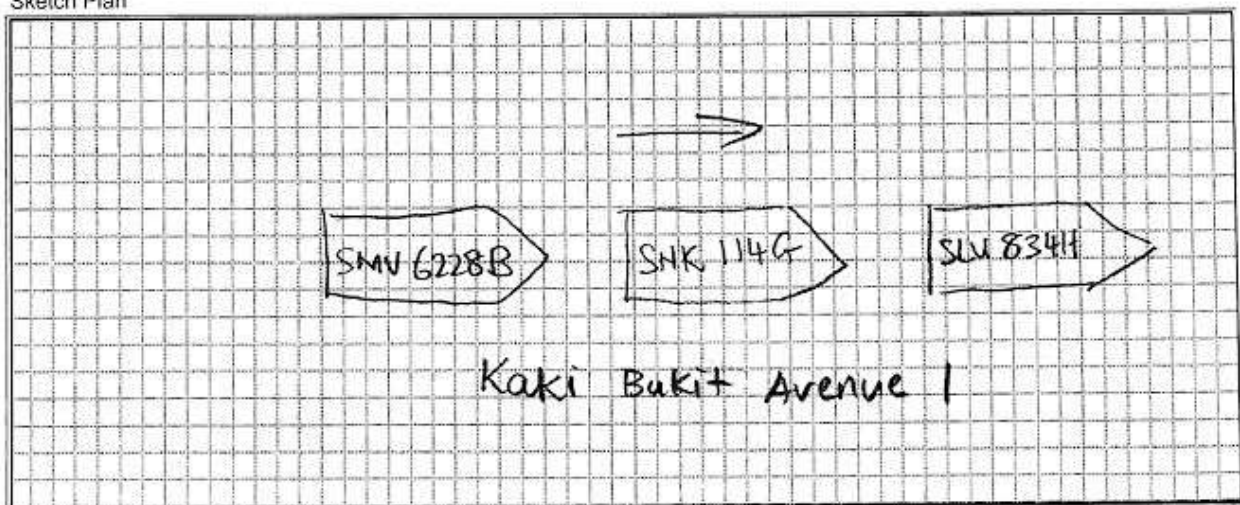
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
 20 DEC 2024

 19/12/2024
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time


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

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

Please refer to Police Report: T/2024121917003.

Describe Circumstance of the Accident

Please refer to Police Report: T/2024121917003.

Declaration

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

Policyholder's Signature / Date & Time

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) Johnny Lim

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



**SINGAPORE
POLICE FORCE**



T/20241219/7003

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

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Report No. T/20241219/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2024 00:44		Vide Report No.: G/20241218/0207		Station Diary No.:	
Informant's Particulars					
Name of Informant: NEO DE SHENG			Address: 512 Hougang Ave 10 #13-69 SINGAPORE 530512		
ID Type / ID No.: NRIC NO / S9408513F			Contact No.: Home/Office: Mobile: 93859934		
Nationality: SINGAPORE CITIZEN			Email: desheng.94@hotmail.com		
Sex: Male	Age: 30	Date of Birth: 09/03/1994	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Civil 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: 18/12/2024 21:15	Type of Location: Eunos Link towards Hougang Ave 3 L/P 56
Location: KAKI BUKIT AVENUE 1				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU834H	Motor car					0
SMV6228B	Motor car					0
SNK114G	Motor car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20241219/7003

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

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Report No. T/20241219/7003

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLU834H	TOKIO MARINE INSURANCE SINGAPORE LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	EILEEN SIM		ID No.	S9614886J
Related Vehicle	SLU834H (Motor car)		Contact No.	87833340
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	Slight
Driver				
Name	NEO DE SHENG		ID No.	S9408513F
Related Vehicle	SLU834H (Motor car)		Contact No.	93859934
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.

Was at the location mentioned above waiting for traffic light to turn green while my vehicle was stationary.

While waiting, a loud bang was heard coming from behind and subsequently, an impact was felt from the rear of my car.

Upon exiting the vehicle, it was found out that a third vehicle rear collided the vehicle behind me, which pushes the car forward and collided to mine.

There is an injured person(not the driver) from the third vehicle whom was later sent to the hospital via ambulance. Traffic police attended to us shortly.

Traffic police officer: Haslinda 9758 6521



**SINGAPORE
POLICE FORCE**

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



T/20241219/7003

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Report No. T/20241219/7003

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KAMALIAH BINTE KAMIS
Contact No.: 65476433

NP168

Signature Of Informant:

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

Date/Time:
19/12/2024 00:44

Classification Of Case: