

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 Authorised 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 ability.
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 Report	08/03/2018 17:47
Date Of Accident	08/03/2018 11:40
Exact Location Of Accident	ALONG ELIAS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5560R
Insured/Policyholder	
Name Of Registered Owner	YI XIN LEASING
Co Reg No	53364172A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96369882
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA AERAS PREMIUM 2.4 CVT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091714158
Cover Note Number	
Driver	
Name of Driver	NEO WEE YONG
NRIC No	S7411928Z
Date Of Birth	17/04/1974
Occupation	INDOOR
Date Of Driving Pass	18/08/1992
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96369882
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 902 TAMPINES AVE 4 #13-218
Postcode	520902
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE-PROPRIETOR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT AVAILABLE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1239Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM LI KIAT
NRIC/Passport Number	S1417960G
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NEO WEE YONG
Approximate Age	
Injuries Sustain	BACK AND NECK
Injured person in which vehicle?	SLP5560R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 08/03/18

Driver's Signature

(If driver is not the policyholder)

Date & Time: 08/03/18

Reporting Centre Personnel's Signature

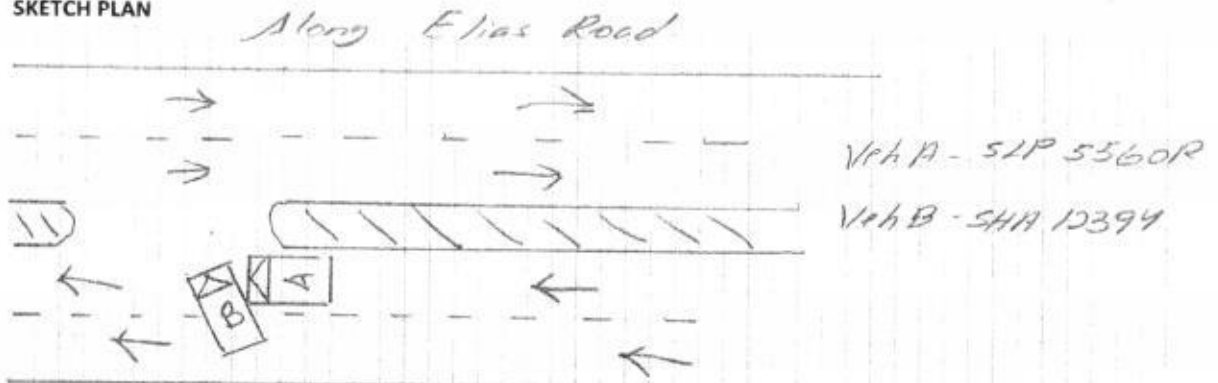
Name:

NRIC/FIN No.:



Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached police report.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: *08/02/18*

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: *08/03/18*

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





**SINGAPORE
POLICE FORCE**



T/20180308/2110

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20180308/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2018 15:53	Vide Report No.:	Station Diary No.: 60
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Informant's Particulars			
Name of Informant: NEO WEE YONG		Address: APT BLK 902 TAMPINES AVENUE 4 #13-218 SINGAPORE 520902	
ID Type / ID No.: NRIC NO / S7411928Z		Contact No.: Home/Office: Mobile: 96369882	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 17/04/1974	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DIRECTOR		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/03/2018 11:40	Type of Location:
Location: Along Road 1 ELIAS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA1239Y	Car					0
SLP5560R	Car	TOYOTA		Silver	Seriously Damaged	0

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



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T/20180308/2110

Police Station Of Origin:
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20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20180308/2110

CONTINUATION OF REPORT

Driver			
Name	NEO WEE YONG		ID No. S7411928Z
Related Vehicle	SLP5560R (Car)		Contact No. 96369882
Hospital/Clinic	L & L FAMILY MEDICINE CLINIC		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	08/03/2018	Date Discharge	08/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIM LI KIAT		ID No. S1417960G
Related Vehicle	NIL		Contact No. 0
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	NIL	Degree of Injury	NIL

Brief Details.

On 08.03.2018 at about 11.40am, I was driving along lane 1 of Elias Road when a Taxi that was driving along lane 2 on my left suddenly turned right, cut into my lane and tried to make an illegal U-turn. I was shocked and was unable to brake in time, resulting in a collision. The front of my car hit the right rear passenger door side of the taxi.

I alighted from my vehicle to make a check and noticed damages to the front portion of my car. No government property was damaged. The taxi driver and I then exchanged particulars and we left. I later felt pain around my back and neck as such I visited the clinic and received 3 days of mc.

I have a in-car camera that recorded the incident. I also took photographs at scene. I wish to emphasize that the taxi driver made an illegal U-turn.



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POLICE FORCE**



T/20180308/2110

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20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20180308/2110

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 REEMA KAUR SANDHU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2018 15:53
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:
Authentication Stamp NP168	SN 061
SIGNATURE	