

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	04/04/2018 15:51
Date Of Accident	03/04/2018 10:10
Exact Location Of Accident	CTE TWDS SGH BEFORE CAIRNHILL CIRCLE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK7229Z
Insured/Policyholder	
Name Of Registered Owner	NEO KIAN ANN
NRIC No	S8232815G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98326321
Alternative Phone No	OTHERS-98326321

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
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?	YES
If No, Please state action to be taken	
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	5061411975-04
Cover Note Number	

Driver

Name of Driver	NEO KIAN ANN
NRIC No	S8232815G
Date Of Birth	29/09/1982
Occupation	INDOOR
Date Of Driving Pass	05/02/2005
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98326321
Fax Number	
Contact Number	OTHERS-98326321
Email Address	NOEMAIL

Address	BLK 586 WOODLANDS DRIVE 16 #04-112
Postcode	730586
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	3
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180403/2134

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX874B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH KOK LEONG

NRIC/Passport Number	S1767691A
Contact Number	93891532
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NEO KIAN ANN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKK7229Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan


SKETCH PLAN

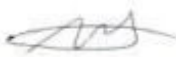
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2

SKETCH PLAN

CENTRAL EXPRESSWAY
Towards SGH,
before Cairnhill
Circle Exit



C
B
A

A-SKK7229Z
B-SLX874B
C-X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


pls Refer to the Police Report
T/20180403/2134

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:


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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180403/2134

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180403/2134

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKK7229Z	NTUC Income Insurance Co-Operative Limited	5061411975-04	26/08/2017	25/08/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NEO KIAN ANN		ID No.	S8232815G
Related Vehicle	SKK7229Z (Car)		Contact No.	98326321
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/04/2018		Date Discharge	03/04/2018
No. of Days granted Medical Leave	02		Degree of Injury	Slight
Driver				
Name	GOH KOK LEONG		ID No.	S1767691A
Related Vehicle	SLX874B (Car)		Contact No.	93891532
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 03/04/18 at about 1000hrs, I was travelling on CTE, going to send my mother and my helper to SGH for my mother's medical appointment. My vehicle plate number is SKK7229Z. I was travelling on the first lane from the right. There was a black car, vehicle plate number SLX874B travelling in front of me. Suddenly, this black car jammed brake. I was not able to brake in time and the front of my car collided into the rear of the black car. The front of my car suffered severe damages. After the collision, I called the NTUC Orange Force and ambulance. My mother, helper and I were all conveyed to Tan Tock Seng Hospital after the ambulance arrived.

I was given 2 days MC by the doctor and was discharged on the day itself. My helper and my mother were also discharged on the day itself but my mother needs to go for follow up check up again.

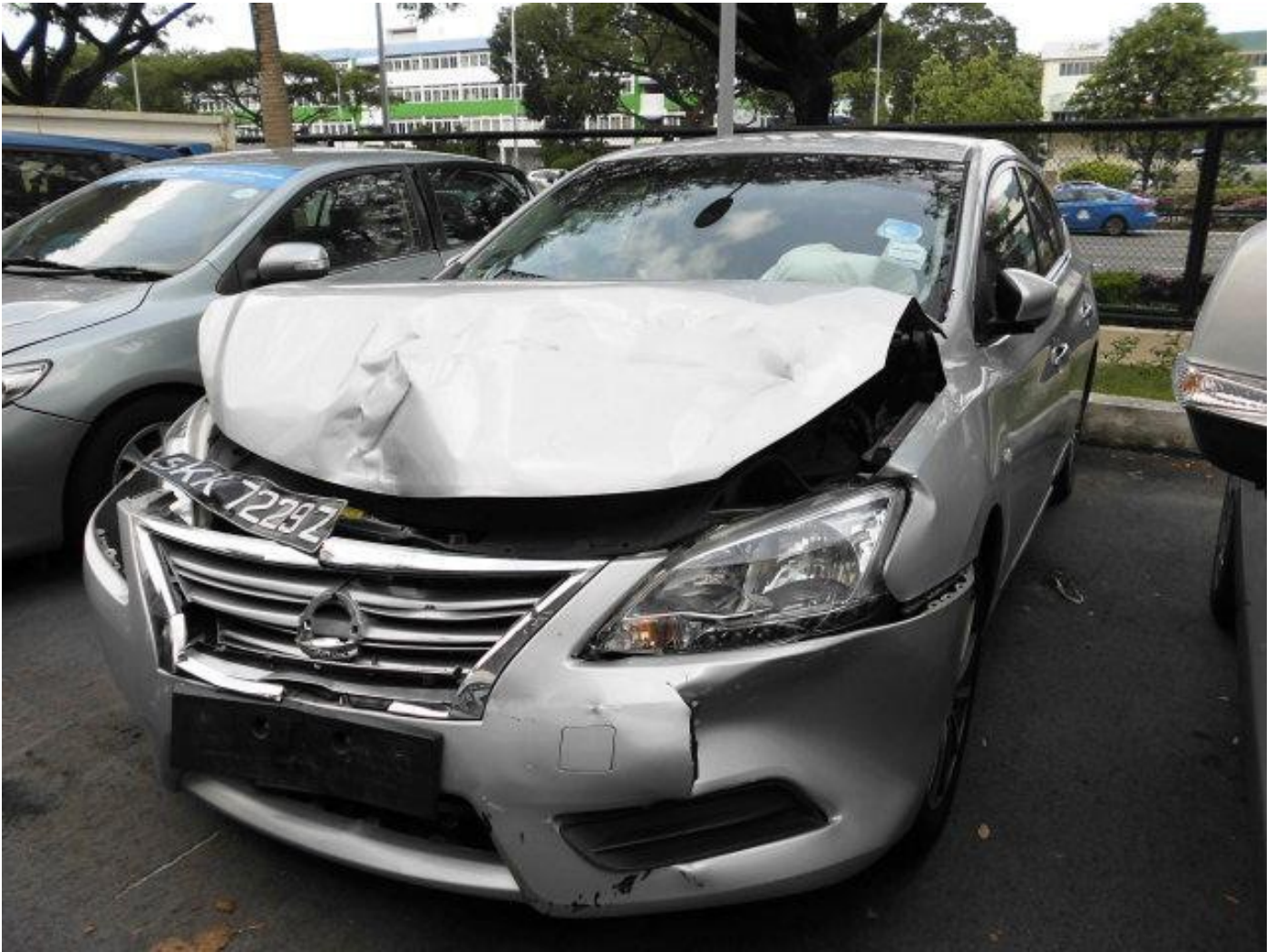
Accident Photo



Accident Photo



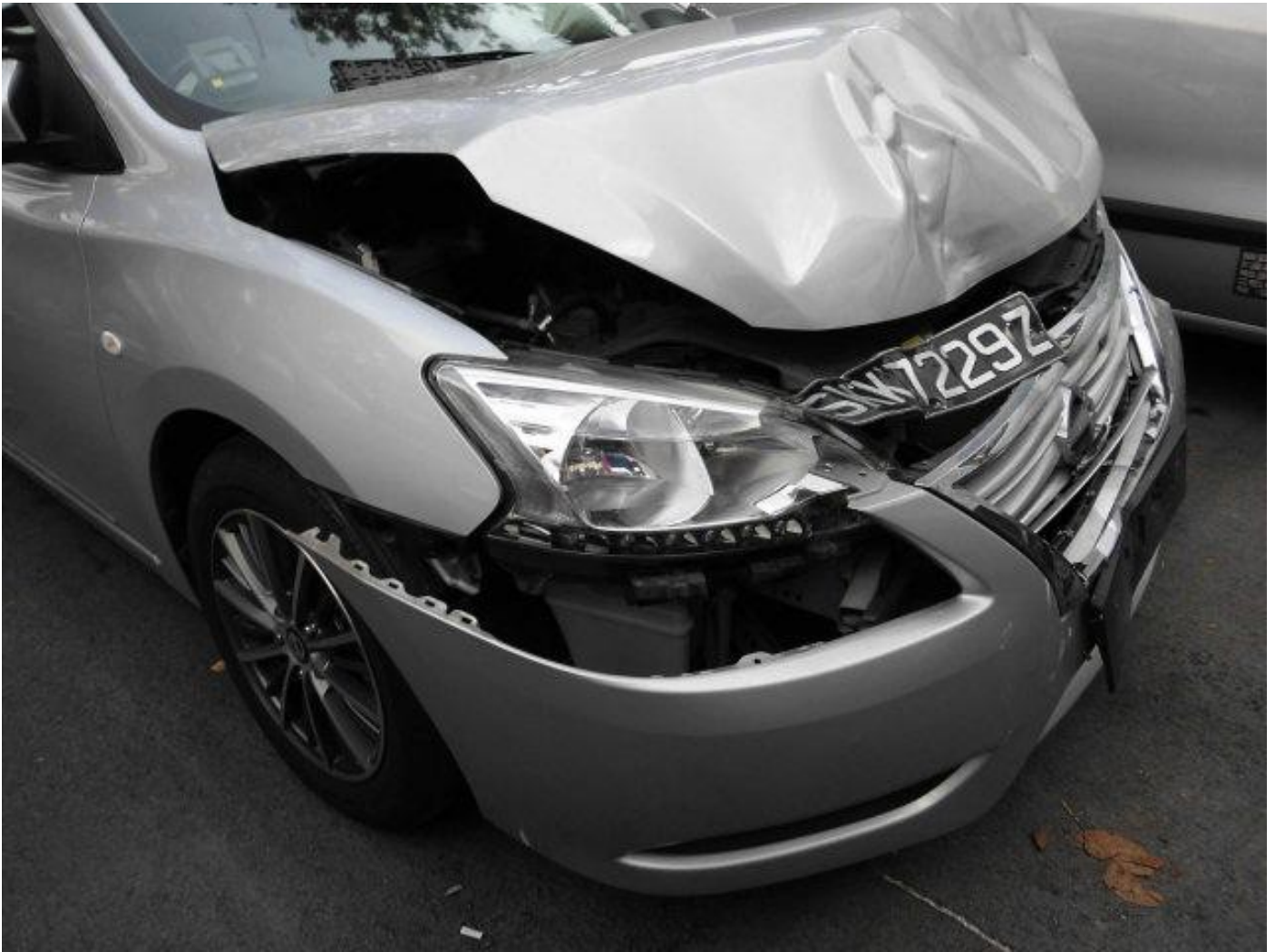
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



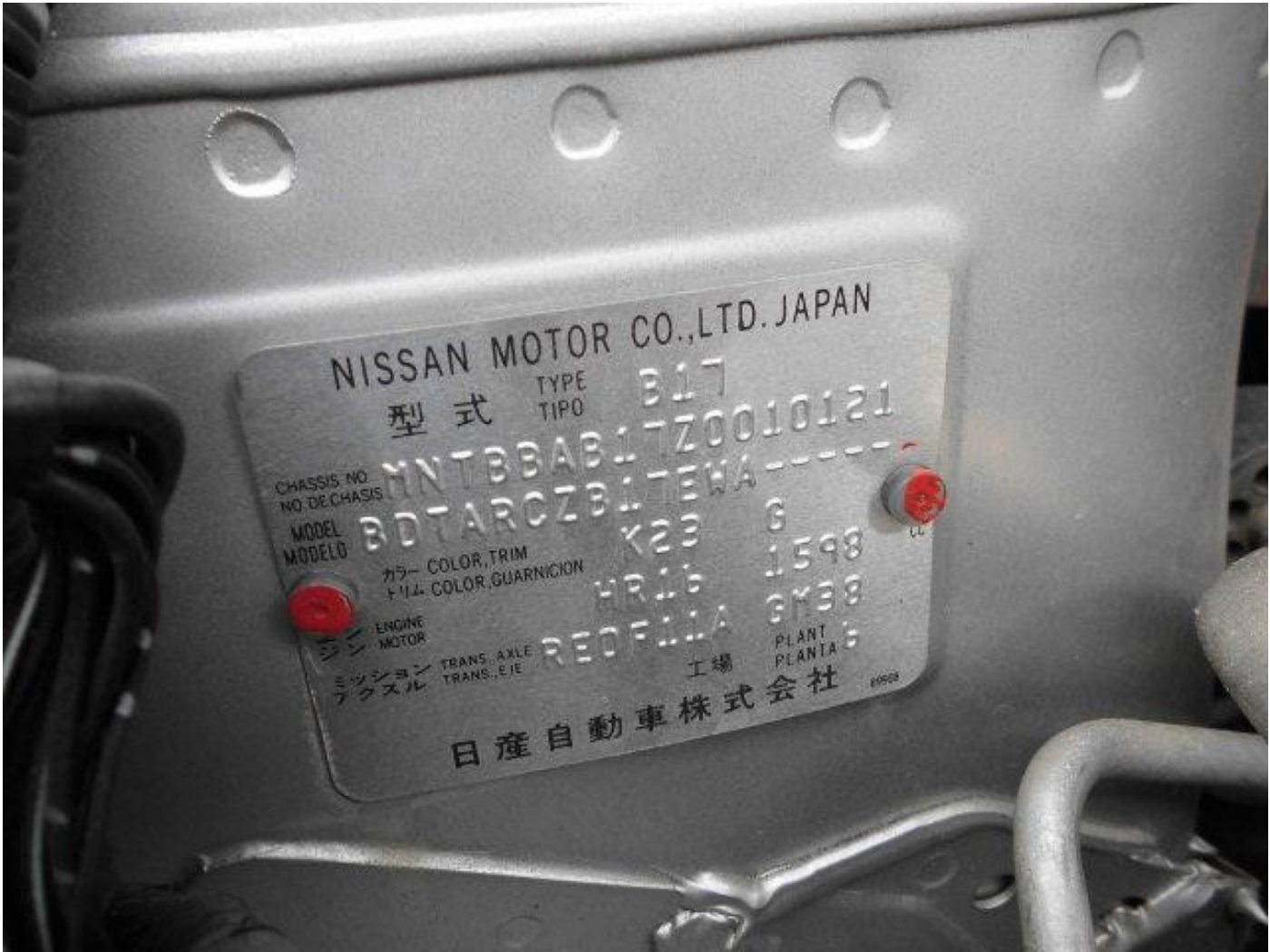
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180403/2134

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180403/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2018 20:25	Vide Report No.:	Station Diary No.: 256
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Informant's Particulars

Name of Informant: NEO KIAN ANN			Address: APT BLK 586 WOODLANDS DRIVE 16 #04-112 SINGAPORE 730586		
ID Type / ID No.: NRIC NO / S8232815G			Contact No.: Home/Office: Mobile: 98326321		
Nationality: SINGAPORE CITIZEN			Email: .		
Sex: Male	Age: 35	Date of Birth: 29/09/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SOFTWARE ENGINEER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/04/2018 10:10	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Towards SGH, before Cairnhill Circle Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKK7229Z	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Silver	Seriously Damaged	2
SLX874B	Car				Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



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T/20180403/2134

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SKK7229Z	NTUC Income Insurance Co-Operative Limited	5061411975-04	26/08/2017	25/08/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NEO KIAN ANN		ID No. S8232815G
Related Vehicle	SKK7229Z (Car)		Contact No. 98326321
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	03/04/2018		Date Discharge 03/04/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	GOH KOK LEONG		ID No. S1767691A
Related Vehicle	SLX874B (Car)		Contact No. 93891532
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

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Police Report



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CONTINUATION OF REPORT

Police Report



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T/20180403/2134

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Report No. T/20180403/2134

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:

J /
CHEN JIAN YU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/04/2018 20:25

Officer In Charge Of Case:

TP / GIT /
Staff Sgt MOHAMMAD ZULKARNIAN BIN
SAMSUDIN
Contact No.: 65476429

Classification Of Case:

Authentication Stamp

NP168