

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	22/04/2018 11:03
Date Of Accident	21/04/2018 17:40
Exact Location Of Accident	UPPER CHANGI ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN4434B
Insured/Policyholder	
Name Of Registered Owner	NEO SIJIA
NRIC No	S8729215J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97738800
Alternative Phone No	OTHERS-97738800

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 (A)
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
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	5099053223
Cover Note Number	

Driver

Name of Driver	NEO SIJIA
NRIC No	S8729215J
Date Of Birth	21/09/1987
Occupation	INDOOR
Date Of Driving Pass	05/01/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97738800
Fax Number	
Contact Number	OTHERS-97738800
EEmail Address	NOEMAIL

Address	BLK 470B #15-326 UPPER SERANGOON CRESCENT HOUGANG PARKVIEW
Postcode	532470
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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)	5
Passenger 1	NAME: : NEO SHI YANG GENDER: : MALE
Passenger 2	NAME: : NEO YI YUN GENDER: : FEMALE
Passenger 3	NAME: : AVERI CHEW GENDER: : FEMALE
Passenger 4	NAME: : HO KWAU YING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20180421/2169

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCW6961E
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEUNG SIU CHUN
NRIC/Passport Number	S2222815C
Contact Number	90117584
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RIGHT HAND SIDE
No. Of Passenger (Including Driver)	1

Accident Sketch Plan Pg. 1

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.
- (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.

22 APR 2018

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Personnel's Signature

Name:

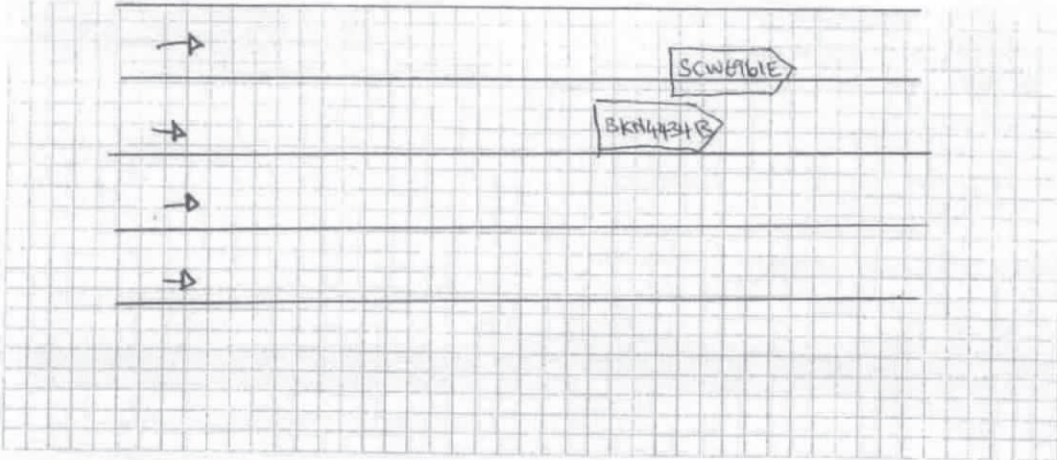
NRIC/FIN No.:

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

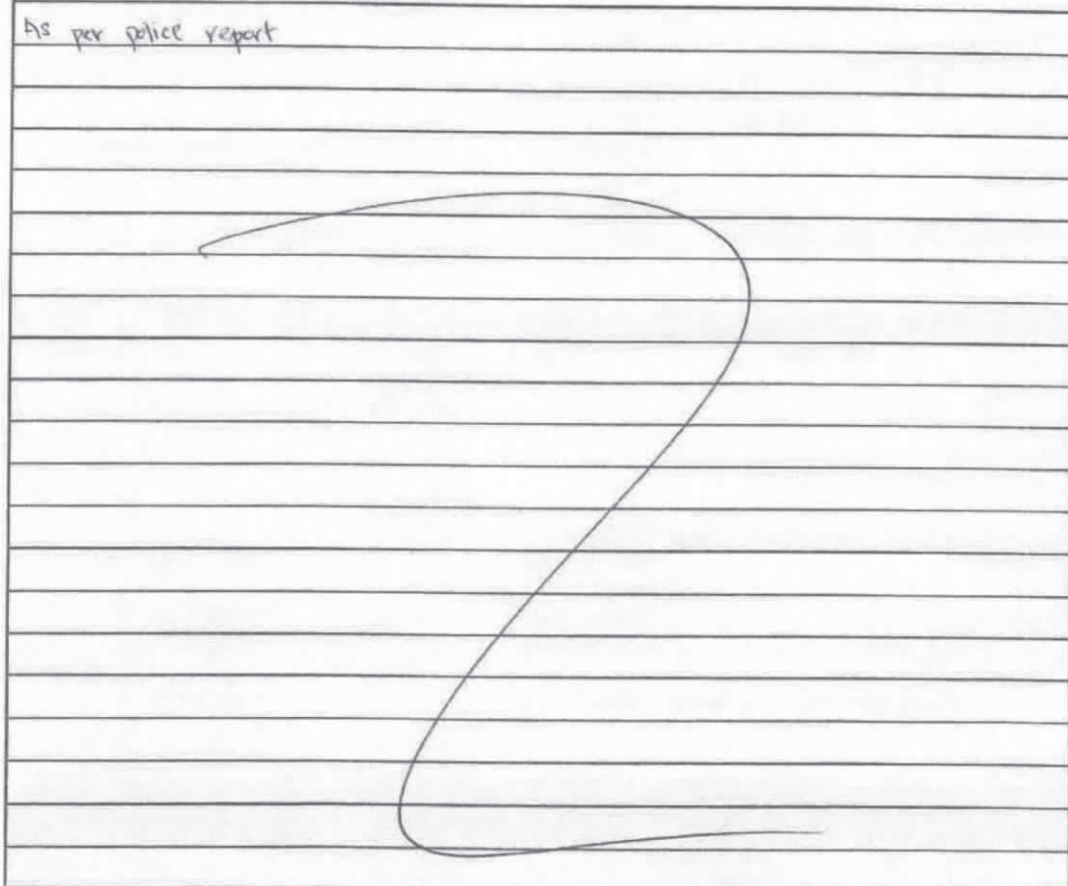
Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report



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:

22 APR 2018

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4

Reporting Centre Singapore 415923
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180421/2169

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20180421/2169

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2018 20:38	Vide Report No.: T/20180421/2159	Station Diary No.: 136
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Informant's Particulars

Name of Informant: NEO SIJIA			Address: APT BLK 470B UPPER SERANGOON CRESCENT #15-326 SINGAPORE 532470	
ID Type / ID No.: NRIC NO / S8729215J			Contact No.: Home/Office: Mobile: 97738800	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 30	Date of Birth: 21/09/1987	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: STARHUB TECHNICAL SUPPORT			Driving Licence Information: Class: Date of Expiry:	

General information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/04/2018 17:40	Type of Location: Straight Road
Location: Along Road 1 UPPER CHANGI ROAD EAST along Upper Changi Road East towards PIE(Tuas)				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCW6961E	Car	MERCEDES BENZ		Red		1
SKN4434B	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1622G5	Blue	Slightly Damaged	4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Accident Sketch Plan Pg. 1



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T/20180421/2169

Police Station Of Origin:
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700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180421/2169

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKN4434B	NTUC Income Insurance Co-Operative Limited	5099053223	20/03/2018	19/03/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LEUNG SIU CHUN		ID No.	S2222815C
Related Vehicle	SCW6961E (Car)		Contact No.	90117584
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
Driver				
Name	NEO SIJIA		ID No.	S8729215J
Related Vehicle	SKN4434B (Car)		Contact No.	97738800
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
Passenger				
Name	NEO SHIYANG		ID No.	S8417676A
Related Vehicle	SKN4434B (Car)		Contact No.	91785487
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

Accident Sketch Plan Pg. 1



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T/20180421/2169

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Report No. T/20180421/2169

CONTINUATION OF REPORT

Brief Details.

On 21/04/2018 at about 1740hrs, I was driving my vehicle, SKN4434B, along Upper Changi Road East towards PIE (Tuas) on Lane 3. Subsequently in front of me there is a vehicle, SCW6961E, was driving on lane 4. The driver then change lane to lane 3 without signaling and her vehicle was to close with me thus I gave a horn to her. However, she still does not hear and her vehicle collided to my vehicle. I then try to stop her however she still drove off despite my several horn to her.

I then managed to stop the vehicle about 600m away from the incident location. We then stop at the road shoulder, I told her that there is accident involved between me and her vehicle. She denied and say that there is no accident. I told her that I had horn her several time however she did not hear anything and she mentioned that she thought it was her own vehicle problem. We then managed to exchange the particular.

There is a CCTV camera in my vehicle however my in-car CCTV camera did not captured the incident due the setting issue. There was no one injured at scene.

Accident Sketch Plan Pg. 1



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T/20180421/2169

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Report No. T/20180421/2169

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 /

Sgt 3 CHIN ZHIHUI, ANDREW

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/04/2018 20:38

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168