

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	14/08/2018 15:05
Date Of Accident	13/08/2018 14:55
Exact Location Of Accident	JUNC CRAWFORD ST & NORTH BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT9363E
Insured/Policyholder	
Name Of Registered Owner	NEO SAY KIONG
NRIC No	S7706544Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98779363
Alternative Phone No	OFFICE-98779363

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100995770
Cover Note Number	

Driver

Name of Driver	NEO SAY KIONG (LIANG XIQIANG)
NRIC No	S7706544Z
Date Of Birth	08/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	30/07/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98779363
Fax Number	
Contact Number	OFFICE-98779363
Email Address	NOEMAIL

Address	BLK 404A FERNVALE LANE #05-127
Postcode	791404
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	2
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180814/2060.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG9241B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	NEO SAY KIONG (LIANG XIQIANG)
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SGT9363E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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.

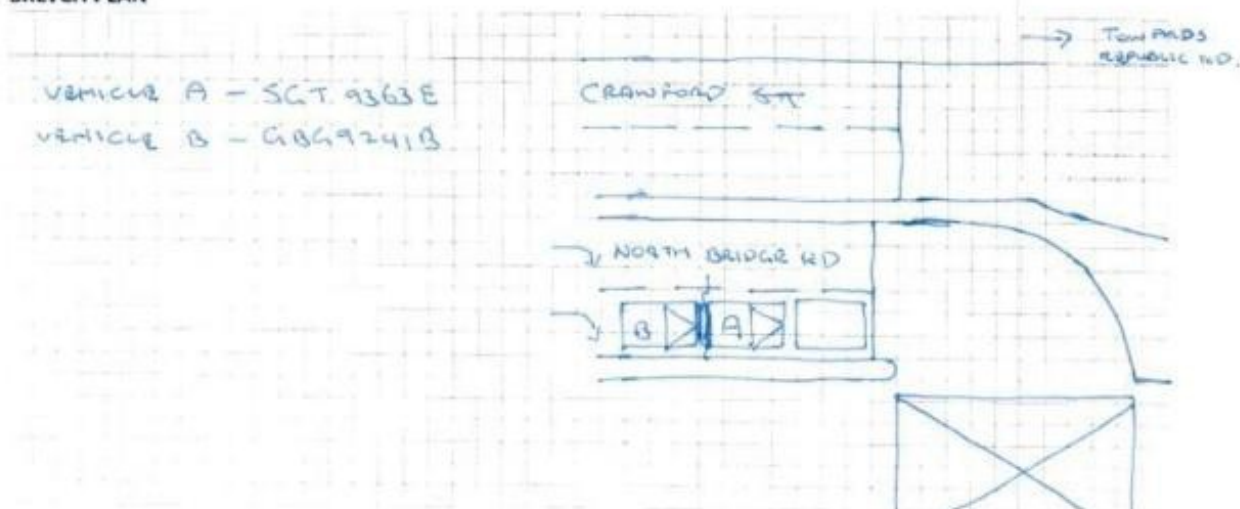
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT.

REPORT NO:

T/2018 0414 /2060

VEHICLE A - SLT 9363E

VEHICLE B - GBC 9241B

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: _____

Centre Personnel's Sig

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180814/2060

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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Report No. T/20180814/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2018 12:44	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: NEO SAY KIONG	Address: APT BLK 404A FERNVALE LANE #05-127 SINGAPORE 791404		
ID Type / ID No.: NRIC NO / S7706544Z	Contact No.:	Mobile: 98779363	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email: skneok@hotmail.com	
Sex: Male	Age: 41	Date of Birth: 08/03/1977	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: Grab Driver	Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/08/2018 14:55	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 CRAWFORD STREET NORTH BRIDGE ROAD Junction of Crawford Street turning right onto North Bridge Road				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG9241B	Van	FIAT		Green	No Damage	0
SGT9363E	Car	HONDA	VEZEL 1.5X A	Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGT9363E	NTUC Income Insurance Co-Operative Limited	5100995770	28/05/2018	27/05/2019

Police Report



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POLICE FORCE**



T/20180814/2060

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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Report No. T/20180814/2060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAVEENDRAN RENISH	ID No.	G5639306X
Related Vehicle	GBG9241B (Van)	Contact No.	91493404
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 SAY KIONG	ID No.	S7706544Z
Related Vehicle	SGT9363E (Car)	Contact No.	98779363
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 13/08/2018 at about 2.58pm, I was driving my car registration number SGT9363E with one passenger along Crawford Street and intended to turn right towards North Bridge Road. I was traveling on the right lane and has stopped at the red traffic light junction.

A few moments later, there was a bang at the rear of my car. I got out of the car and discovered the driver of a van registration number GBG9241B had hit onto the rear of my car, causing a dent on my rear bumper. We then exchanged particulars and I continued on my journey. I have a rear in-car camera and upon viewing it later, the van had stopped before my car before rolling forward and hit my car.

I felt a strain on my neck and was advised by the insurance company to seek medical attention. I went to Neptune Healthcare Medical & Surgery and was given 3 days of MC. I am not able to produce the MC at this point of time.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180814/2060

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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Report No. T/20180814/2060

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:
G /
Sr Staff Sgt MUHAMMAD SUFFIAN BIN ABDUL
RAHIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/08/2018 12:44

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

