

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 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 Report	11/10/2018 10:12
Date Of Accident	19/08/2018 12:50
Exact Location Of Accident	BLK 560-561 J/WEST ST 42 CLUSTERMSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3123Z
Insured/Policyholder	
Name Of Registered Owner	LOH KIM WAN ENGINEERING
Co Reg No	52875517W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62664031

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 5M/T ABS 2DR 2WD EURO 5 (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-004442
Cover Note Number	

Driver

Name of Driver	NEO WEE BENG
NRIC No	S6922553E
Date Of Birth	18/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	31/03/1992
Driving Experience	26 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93628795
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 561B J/WEST ST 42 #06-1169
Postcode	642561
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	1

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/20180906/2014.

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	SLE4708Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

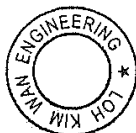
SKETCH PLAN

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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.



[Handwritten Signature]

[Handwritten Signature]

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.:

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN

unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Per Police Report No. T/20180906/2014

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.:

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / TP at other works hop
- ☒ For record purpose

Policy No. DMCP4218-004662
Insurer EA (S) Veh. No. 9B431232

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180906/2014

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

1 of 3

Report No. T/20180906/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2018 09:07		Vide Report No.:		Station Diary No.: 20
Informant's Particulars				
Name of Informant: NEO WEE BENG		Address: APT BLK 561B JURONG WEST STREET 42 #06-1169 SINGAPORE 642561		
ID Type / ID No.: NRIC NO / S6922553E		Contact No.: Home/Office: Mobile: 93628795		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 49	Date of Birth: 18/06/1969	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2018 12:50	Type of Location: Car Park
Location: Along Road 1 JURONG WEST STREET 42 BLOCK 560-561 JURONG WEST STREET 42 CLUSTER, MSCP				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: UNKNOWN			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG3123Z	Lorry				No Damage	0



**SINGAPORE
POLICE FORCE**



T/20180906/2014

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700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20180906/2014

CONTINUATION OF REPORT

Brief Details.

On the 19/08/2018 at about 1250hrs, from what I can remember, my vehicle GBG3123Z was parked at the Multi-storey carpark at B/560 Jurong West St 42 MSCP for about half an hour. After that I drove my vehicle off to work. There is no collision with anyone or anything before I park my vehicle and after I drove off my vehicle. My vehicle do not have any damages, nor there is any notes left behind on my vehicle.

That is all I know.



**SINGAPORE
POLICE FORCE**



T/20180906/2014

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

3 of 3

Report No. T/20180906/2014

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 TAN GUAN POH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/09/2018 09:07

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Singapore Police

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S6922553E**

Name: **NEO WEE BENG**

Birth Date: **18 Jun 1969**

Issue Date: **05 Aug 2003**

000720823J



REPUBLIC OF SINGAPORE

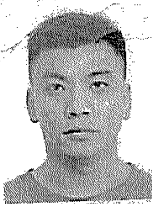
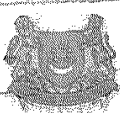
IDENTITY CARD NO. **S6922553E**

Name: **NEO WEE BENG**

Race: **CHINESE**

Date of Birth: **18-06-1969**

Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE: **31 Mar 1992**

Licence No: **S6922553E**

NP 428A

3081228

NRIC No: **S6922553E**


Blood Group: **A+**

Date of issue: **25-05-1999**

Address: **APT BLK 561B JURONG WEST STREET 42 #06-1169 SINGAPORE 642561**

NRIC No: **S6922553E**

Date: **06/10/2017**




Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

