

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	25/09/2018 14:19
Date Of Accident	24/09/2018 09:15
Exact Location Of Accident	AYE HEADING TWDS EAST COAST NEAR NUH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ512J
Insured/Policyholder	
Name Of Registered Owner	NAM EARN KEONG, (LAN ENQLANG)
NRIC No	S7818868E
Email Address	JASMINENEOLH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81392086
Alternative Phone No	OTHERS-81392086

Vehicle Particulars

Manufacturer	BMW
Model	320I 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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00488118
Cover Note Number	

Driver

Name of Driver	NEO LAY HWA (LIANG LIHUA)
NRIC No	S8310533Z
Date Of Birth	09/04/1983
Occupation	INDOOR
Date Of Driving Pass	11/01/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81392086
Fax Number	
Contact Number	OTHERS-81392086
E Mail Address	JASMINENEOLH@HOTMAIL.COM

Address	BLK 652C JURONG WEST STREET 61 #05-418
Postcode	643652
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180924/2144

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV3311Z
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMD1064J
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)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJW3941A
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)	

DETAILS OF INJURED PERSON 1

Name	NEO LAY HWA (LIANG LIHUA)
Approximate Age	
Injuries Sustain	BACK AND NECK PAIN
Injured person in which vehicle?	SJZ512J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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. 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:

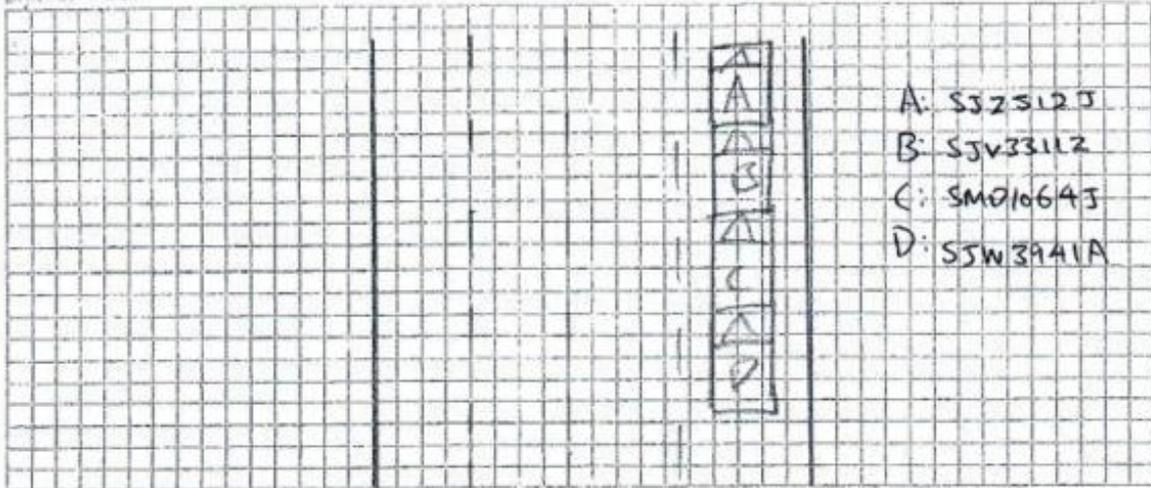
 25/9/2018

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

Sketch Plan #2

AYER RAJAH EXPRESSWAY HEADING TOWARDS EAST COAST.

SECTION PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE towards East coast on the first lane. The traffic was normal, the vehicle in front suddenly slow down and stop I then follow as well. All of a sudden I felt a huge impact from my vehicle rear portion. Total 4 cars involved.

→ Pls Refer to the Police Report - T/20180924/2144

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.:

25/9/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180924/2144

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

3 of 4
Report No. T/20180924/2144

CONTINUATION OF REPORT

Driver			
Name	Aditi Goyal	ID No.	S8384001C
Related Vehicle	SMD1064J (Car)	Contact No.	NIL
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 24/09/2018 at 0915hrs, I was driving along AYE heading towards East Coast when I observe the yellow vehicle in front of me, SJC2237B slowed down. Thus, I gradually slowed down to a stop when I suddenly felt a huge impact from the rear of my vehicle. When I exited the vehicle, I observed that there was a chain collision involving 3 other vehicles, SJV3311Z, SMD1064J, SJW3941A.

My vehicle sustained dents and scratches. My convertible roof top is damaged as well.

Aetos officers and ambulance was at scene. I do not have any case number. Traffic police was not at scene.

I subsequently felt pain on my neck and left shoulder thus, I went to West Point Surgery Centre on 24/09/2018 and received 7 days medical certificate from 24/09/2018 to 28/09/2018. I have dash camera recording the accident.

Sketch Plan #4



Accident Photo



Accident Photo



Accident Photo



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/20180924/2144

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

1 of 4
Report No. T/20180924/2144

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2018 20:31	Vide Report No.:	Station Diary No.: 171
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Informant's Particulars

Name of Informant: NEO LAY HWA		Address: APT BLK 652C JURONG WEST STREET 61 #05-418 SINGAPORE 643652	
ID Type / ID No.: NRIC NO / S8310533Z		Contact No.: Home/Office: Mobile: 81392086	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 35	Date of Birth: 09/04/1983	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: BANK OFFICER		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/09/2018 09:15	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY HEADING TOWARDS EAST COAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SJV3311Z	Car	SUBARU	FORESTER 2.0I-L CVT AWD SR	Silver	Slightly Damaged	1
SJW3941A	Car	MERCEDES BENZ	E 250CGI	Grey	Totally Damaged	1
SJZ512J	Car	BMW	320I A	White	Slightly Damaged	0
SMD1064J	Car	VOLKSWAGO N	GOLF GTI 2.0 A	White	Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180924/2144

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

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Report No. T/20180924/2144

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Koh Ek Hoon	ID No.	S1432450Z
Related Vehicle	SJV3311Z (Car)	Contact No.	NIL
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	Ng Zhi Jie	ID No.	S9247899H
Related Vehicle	SJW3941A (Car)	Contact No.	NIL
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 LAY HWA	ID No.	S8310533Z
Related Vehicle	SJZ512J (Car)	Contact No.	81392086
Hospital/Clinic	WEST POINT SURGERY CENTRE	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	24/09/2018	Date Discharge	24/09/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20180924/2144

3 of 4

Report No. T/20180924/2144

CONTINUATION OF REPORT

Driver			
Name	Aditi Goyal	ID No.	S8384001C
Related Vehicle	SMD1064J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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Police Report



**SINGAPORE
POLICE FORCE**



T/20180924/2144

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

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Report No. T/20180924/2144

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 2 SITI KHAIRUNNISA BINTE RAMANAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

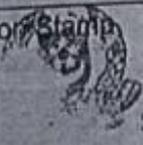
Date/Time:
24/09/2018 20:31

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Classification Of Case:

SN 126

Authentication Stamp
NP168



Signature:
Police Force