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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

强烈的发展。 在1967年1970年1970年1	ACCIDENT STATEMENT
Date Of Report	21/12/2018 16:20
Date Of Accident	21/12/2018 11:10
Exact Location Of Accident	PIE TWDS CHANGI B4 ADAM EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH7123K
Insured/Policyholder	
Name Of Registered Owner	NEO CHYE TUAN
NRIC No	S1501801A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91127337
Alternative Phone No	OFFICE-91127337
Vehicle Particulars	
Manufacturer	BMW
Model	X3
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	5094028702-01
Cover Note Number	*
Driver	
Name of Driver	NEO CHYE TUAN
NRIC No	S1501801A
Date Of Birth	19/07/1961
Occupation	INDOOR
Date Of Driving Pass	16/12/1978
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91127337
Fax Number	
Contact Number	OFFICE-91127337
EMail Address	NOEMAIL

Address

BLK 103 TECK WHYE LANE #09-436

Postcode

680103

OWNER

Was driver an employee of the Insured's Company NO

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

JNH495 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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:

: TAN KIAT GEN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

Police Station Name

If Yes, Please state which Police Station

EUNOS NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE:

470629 COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given? If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH TP

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

JNH495

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Page 2 of 24

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLT8396H

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

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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

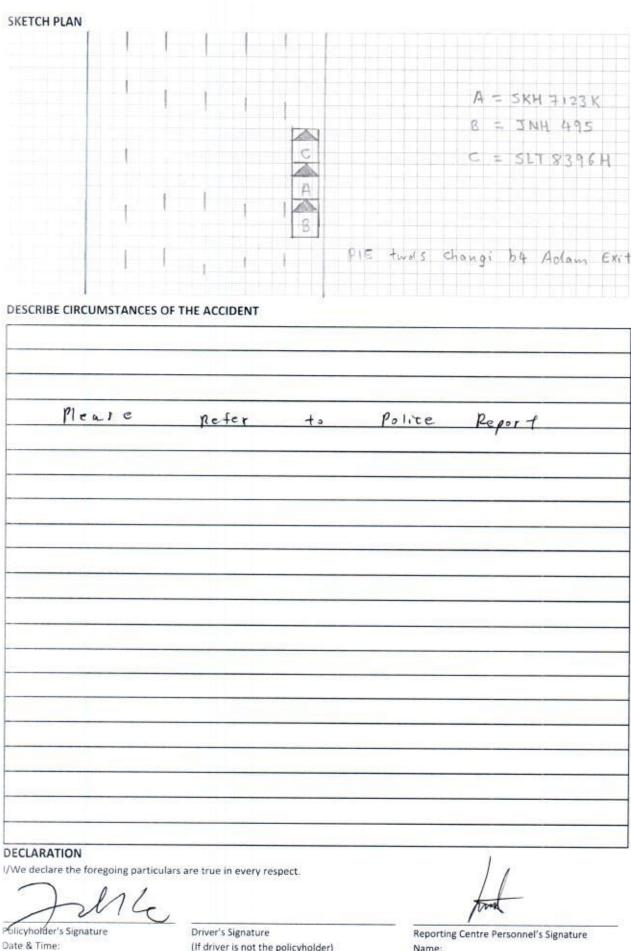
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



(If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:





Report No. T/20181221/2072

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629

Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 1/12/2018 15:30		Vide Report No.: E/20181221/0071	Station Diary N 44		
Informa	nt's Partic	ulars		4 2 to 4 to 1 to 1 to 1 to 1 to 1		
Name of Informant: NEO CHYE TUAN			Address: APT BLK 103 TECK WHYE LANE #09-436 SINGAPORE 680103			
	/ ID No.: D / S15018	01A	Contact No.: Home/Office:	Mobile: 91127337		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 57	Date of Birth: 19/07/1961	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Company director			Driving Licence Information: Class: 3,4,5	Date of Expiry:		

seneral Infor	mation of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/12/2018 11:10	Type of Location Straight Road	
	EXPRESSWAY ards Changi, before Adar	n Road Exit Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffi		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Stopped Vehicle				Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved	PROPERTY.	COUNTY OF THE	100000000000000000000000000000000000000	WHO IS THE TANK
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JNH495	Car				Seriously Damaged	2
SKH7123K	Car	BMW	X3 3.0 A	Black	Slightly Damaged	1
SLT8396H	Car				Slightly Damaged	0

Details of V	ehicle Insurance	The most selection of the later		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





T/20181221/2072

2 of 4

Report No. T/20181221/2072

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SKH7123K	NTUC Income Insurance Co-Operative Limited	5094028702-01	30/10/2018	29/10/2019		

Any Pedestrian Ir	volved: No					
No. of Pedestrian		Marie War Common	Use of Peo	destrian	Cross	ing: NA
Driver		A STATE OF THE PARTY.				
Name	LEONG CHEE KEC	NG		ID No	*	640922085801
Related Vehicle	JNH495 (Car)			Conta	ct No.	82080278
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
	ted Medical Leave	NIL	Degree of		NIL	
Driver	CONCENTRATE		THE RESERVE		NAME AND	
Name	NEO CHYE TUAN			ID No		S1501801A
Related Vehicle	SKH7123K (Car)			Contact No.		91127337
Hospital/Clinic	NIL		Class Drivin Licend Expin	g	Class: 3,4,5 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
	ted Medical Leave	NIL	Degree of			
Driver					100	S MATTER AND THE PARTY OF
Name	MR YEO			ID No		S6931905Z
Related Vehicle	SLT8396H (Car)			Contact No.		97500277
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
All the lateral and the latera	ted Medical Leave	NIL	Degree of		NIL	





3 of 4

Report No. T/20181221/2072

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Brief Details.

On the 21/12/2018 at about 1110hrs, I was driving my vehicle SKH7123K with one passenger along PIE, general direction towards Changi before the Adam Road exit, along the first lane. The traffic volume was high and the traffic was slow moving. A vehicle SLT8396H travelling in front of me came to a stop due to the jam, and so I stopped my vehicle as well. Suddenly, I felt an impact from the rear of my vehicle. I felt a second impact from the rear and the impact caused my vehicle to move forward and it collided with SLT8396H. I alighted and saw that a Malaysian vehicle JNH495 had collided into the rear of my vehicle. All the involved drivers alighted and we exchanged particulars and contact details. No one was visibly injured.

Subsequently, the traffic police and ambulance came. The paramedics attended to all parties and no one was conveyed by the ambulance. The traffic police interviewed all the involved parties and advised to lodge a traffic accident report vide E/20181221/0071. My car had an in-car camera that had captured footages of the accident, and I have already handed the memory card to the traffic police officer.





4 of 4

Report No. T/20181221/2072

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

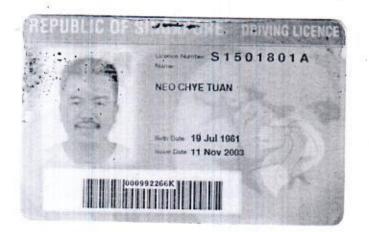
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NP168

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: G / Sgt 2 LIM WEI SIANG	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	21/12/2018 15:30
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / Staff Sgt MA JUNXIANG	
Contact No.: 65476251	
Authentication Stamp	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1501801A





NEO CHYE TUAN

CHINESE Date of birth 19-07-1961 SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 3

Class 4

PASS DATE Motor Cars and Motor Tractors the weight of

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms theary Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms Motor Vehicles which are not constructed hemselves to carry any load and the weight of which unladen exceeds 7250 kilograms

NP 428A



17 Aug 1952

05 Jan 1983

S1501801A

12-10-2012

APT BLK 103 TECK WHYE LANE SINGAPORE 680103

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 21/12/2018 16:13 Vehicle No.(For Motor) SKH7123K Certificate Number Search Policyholder NRIC Certificate Number Policyholder Name Vehicle No. Insured Object Commence Date Select Policy No. Product Cover Type Expiry Date 5094028702-NEO CHYE drivo PREMIUM S1501801A SKH7123K SKH7123K 30/10/2018 29/10/2019 GPC 01 TUAN Continue

Claim Handling								
Accident MT/1024796								
Policy No. Certificate No.	5094028702-01		Vehicle No.	SKH7123K		GST Regis	stration No.	
Policyholder Name	NEO CHYE TUAN					Policyhold	er NRIC	5150
Prinduct Code	PRIVATE CAR INSURANCE		Cover Type	drivo PREMIUM		Loading	or Ange	0
Contact No.(Mobile)	91127337		Contact No.(Office)	30.160.1342.1100.1			o.(Home)	
mail Address			Special Remark			eCode		No 1
GE	- No Yes		TCA	. No Yes		eCode Re	ason	140
NED Protection	Yes		NCD Entitlement(%)	50		Private Hi		No
Accident Details								
Report Date	21/12/2018 16:40		Accident Report Within 24 hrs	Yes		Accident 1	Type	Chain
Date of Accident	21/12/2018		Time of Accident hh:mm	11:16		Country o	f Accident	Singa
Reporting Centre			Orange Force			ECM No.		
Accident Location	PIE TWDS CHANGI B4 ADAM	M EXIT						
Excess								
Jwn damage Excess	60	0.00	Additional Excess	500		Windscree	in Excess	100.0
innamed Driver Excess		0.00	Outside Singapore OD Excess		600.00			
Third Party Excess		0.00	Outside Singapore TP Excess		0.00			
→ Benefits								
GST Registered Informat	tion							
ST Registered	No				tration Date			
ST Registration No. Indiffication History				GST Statu	s Verified		Yes	
300030000,00 030 0.6								
Policyholder Mailing Add	ress							
Address 1	BLK 103 #09-436		Address 2	TECK WHYE LANE		Address 3		SING
Address 4			Address Type	Singapore address		Post Code		68010
Init No.			Related Policy Number	5094028702-01				00010
✓ OI Driver Info								
Priver Name	Neo Chye Tuan		Driver Type	Main Driver				
innamed driver Name			Driver NRIC	S1501801A		Driver DO	5	19/07
Register Date of Driver License	01/01/1980		Driver Age	57		Driving Ex		38
Contact No.(Mobile)	91127337		Contact No.(Office)			Contact N		30
Address 1	BLK 103 #09-436		Address 2	TECK WHYE LANE		Address 3		SING
Vddress 4			Address Type	Singapore address		Post Code		68010
Int No.								
logistered car?	Yes + No		Oriver Vehicle No.			Driver Ins	urer Company	
eclaration								
Proathalyser or Blood Test Reading?	0 mg		Any injury?	∪ Yes ⊯ No				
fedification History								
Claim 001 New								
Slaim Type *					OD-MX	Insured Name	NEO CHYE TUAN	
ontact No.(Mobile)					91127337	Contact No.	67642017	
					[PARKETS]	(Home)		
mail Address						Vehicle Number	SKH7123K	
laim Description					SKH7123K / JNH495 ON	20,000,000		
referred	Insured Liabi	lity [1000					
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Attachment				S11 8 10 3				
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Claim No.

MT/1024796

Accident No.

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