

## 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	29/04/2019 18:33
Date Of Accident	27/04/2019 15:15
Exact Location Of Accident	PIE TOWARDS CHANGI BEFORE LOR 6 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE1554S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEO AH KUAN
NRIC No	S7347326H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98590334
Alternative Phone No	OFFICE-98590334

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D300117735QMX
Cover Note Number	

### Driver

Name of Driver	NEO AH KUAN
NRIC No	S7347326H
Date Of Birth	29/12/1973
Occupation	INDOOR
Date Of Driving Pass	11/03/2004
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98590334
Fax Number	
Contact Number	OFFICE-98590334
Email Address	NOEMAIL

Address	APT BLK 941 JURONG WEST ST 91 #08-475
Postcode	640941
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	6
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: : LIM BEE TIN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR5180S
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                      SGV8444B  
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                      SKT9539T  
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 4

Vehicle Registration Number                      SHC3523C  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category                                      TAXI  
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 5

Vehicle Registration Number                      SLS9301E  
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 LIM BEE TIN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJE1554S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name NEO AH KUAN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJE1554S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address APT BLK 941 JURONG WEST ST 91  
#08-475  
Postcode 640941

SKETCH PLAN

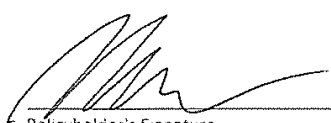
IMPORTANT NOTICE

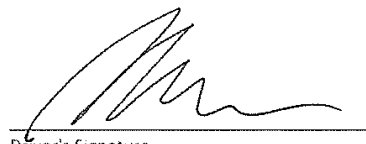
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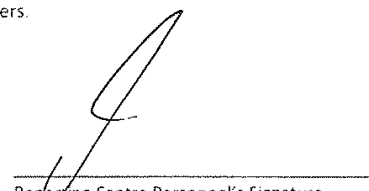
**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

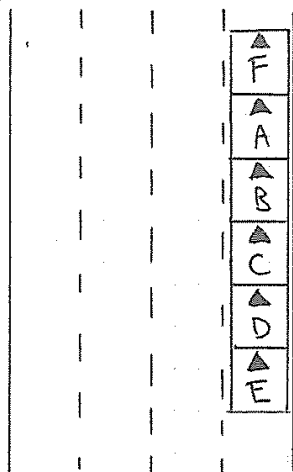
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
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.:

SKETCH PLAN



PIE TOWARDS CHANGI BEFORE LOR 6  
TOA PAYOH EXIT.

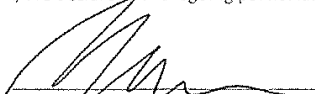
VEHICLE 'A' SJE 1554 S  
VEHICLE 'B' SJR 5180 S  
VEHICLE 'C' SGV 8444 B  
VEHICLE 'D' SKT 9539 T  
VEHICLE 'E' SHC 3523 C  
VEHICLE 'F' SLS 9301 E

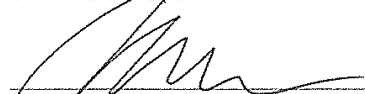
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

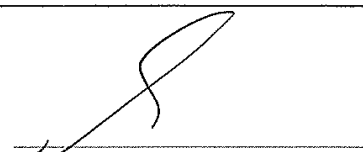
On the stated date and time, i vehicle 'A' was travelling along my  
designated lane along PIE towards changi Before Lor 6 Toa payoh Exit.  
The vehicle in front of me slowed down to a stop. As such i  
followed suit. Shortly after stopping i felt a huge impact hitting me  
on the rear causing me to propel forward hence hitting vehicle 'F'.  
I got down to realised that i was involved in a 6 car chain  
collision. That is all.

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.:

POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190427/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20190427/7020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/04/2019 19:12	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: NEO AH KUAN			Address: APT BLK 941 JURONG WEST ST 91 #08-475 SINGAPORE 640941		
ID Type / ID No.: NRIC NO / S7347326H			Contact No.: Home/Office: Mobile: 98590334		
Nationality: SINGAPORE CITIZEN			Email: don_don_n@yahoo.com		
Sex: Male	Age: 45	Date of Birth: 29/12/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Technical/Engineering services manager (eg shipyard manager)			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/04/2019 15:15	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
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 - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGV8444B	Car					0
SHC3523C	Car					0
SJE1554S	Car	HONDA	CIVIC 1.6L VTI AUTO	Black	Seriously Damaged	2
SJR5180S	Car					0
SKT9539T	Car					0

POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190427/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190427/7020

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS9301E	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJE1554S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300117735	16/04/2019	15/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LIM BEE TIN (LIN MEIZHEN)		ID No.	S7242486G
Related Vehicle	SJE1554S (Car)		Contact No.	93865534
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/04/2019		Date Discharge	27/04/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	NEO AH KUAN		ID No.	S7347326H
Related Vehicle	SJE1554S (Car)		Contact No.	98590334
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	27/04/2019		Date Discharge	27/04/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

On the stated date and time i was travelling on my designated lane along PIE changi before Toa Payoh Lor 6 Exit. The vehicle in front of me slowed down to a stop as such i followed suit. After coming to a stop i felt a huge impact hitting me on my rear causing me to propel forward and hence hitting the vehicle in front of me. I alighted to realised that i was involved in a 6 car chain collision. After the accident me and my wife consulted a doctor and was given 3 days mc. I sustained injuries on my neck and my wife sustained injuries on her back and right back shoulder.



**POLICE REPORT Pg. 1**



**SINGAPORE  
POLICE FORCE**



T/20190427/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20190427/7020

**CONTINUATION OF REPORT**

POLICE REPORT Pg. 1



SINGAPORE  
POLICE FORCE



T/20190427/7020

4 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190427/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65472076

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
27/04/2019 19:12

Classification Of Case:

Accident Photo



**Accident Photo**



Accident Photo



**Accident Photo**





Accident Photo



**Accident Photo**





Accident Photo

