

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	17/08/2019 17:47
Date Of Accident	17/08/2019 10:30
Exact Location Of Accident	CTE AFTER BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2068X
Insured/Policyholder	
Name Of Registered Owner	NEO CHAY HON
NRIC No	S8181282I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90722281
Alternative Phone No	OFFICE-90722281

Vehicle Particulars

Manufacturer	BMW
Model	318I 2.0 AT D/AB 2WD 4DR GAS/D SR DRL
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	5095518410-02
Cover Note Number	

Driver

Name of Driver	NEO CHAY HON
NRIC No	S8181282I
Date Of Birth	22/02/1981
Occupation	INDOOR
Date Of Driving Pass	23/04/2012
Driving Experience	7 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90722281
Fax Number	
Contact Number	OFFICE-90722281
EEmail Address	NOEMAIL

Address	BLK 6 CANBERRA DRIVE #13-06
Postcode	768140
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	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190817/7005.

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	SJE1866S
Vehicle Make/Model/Colour	ALTIS
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	SMK2601R
Vehicle Make/Model/Colour	KIA
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 CHAY HON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKC2068X
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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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/mailed 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

VEH A: SKCDD68X
 VEH B: GJE1866S
 VEH C: SDRK26DIR

C
 A
 A
 B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date I was driving my vehicle SKC2068X on CTE suddenly I felt a great impact from my rear and I got down of my vehicle and realise SJE18665 had collided to my rear and the impact is so huge that I propelled forward and collided to SMK2601R rear.

DECLARATION

1. Awa dedato the following particulars are true in every test

Policyholder's Signature _____

Date 6 June

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature

Name: _____

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190817/7005

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

1 of 3

Report No. T/20190817/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2019 11:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NEO CHAY HON			Address: APT BLK 6 CANBERRA DRIVE #13-06 SINGAPORE 768140		
ID Type / ID No.: NRIC NO / S8181282I			Contact No.: Home/Office:		Mobile: 90722281
Nationality: MALAYSIAN			Email: chloe22281@gmail.com		
Sex: Female	Age: 38	Date of Birth: 22/02/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: BRANCH BUSINESS MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/08/2019 10:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SJE1866S	Car					0
SKC2068X	Car	BMW	318i 2.0 AT D/AB 2WD 4DR GAS/D SR DRI	Black	Slightly Damaged	0
SMK2601R	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20190817/7005

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

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Report No. T/20190817/7005

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC2068X	NTUC Income Insurance Co-Operative Limited	5095518410-02	29/07/2019	27/07/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NEO CHAY HON		ID No. S8181282I
Related Vehicle	SKC2068X (Car)		Contact No. 90722281
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the stated time and date, I was driving my vehicle SKC2068X at CTE suddenly I felt a great impact from my rear and I got down of my vehicle and realise SJE1866S had collided to my rear and the impact was so huge that I propelled forward and collided to SMK2601R rear. I felt uncomfortable and consult a doctor and get 5 days MC

Police Report



**SINGAPORE
POLICE FORCE**



T/20190817/7005

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

3 of 3
Report No. T/20190817/7005

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 / TPiB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
17/08/2019 11:33

Classification Of Case:

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

