

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	15/10/2019 16:55
Date Of Accident	15/10/2019 07:25
Exact Location Of Accident	ALONG KG JAVA RD OUTSIDE TANGLIN POLICE STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN4681E
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	NICHOLAS76@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93807188
Alternative Phone No	OFFICE-93807188

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108747945
Cover Note Number	

Driver

Name of Driver	NEO CHIN GUAN NICHOLAS (LIANG ZHENYUAN)
NRIC No	S7600477C
Date Of Birth	03/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	12/01/1998
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93807188
Fax Number	
Contact Number	OTHERS-93807188
EMail Address	NICHOLAS76@YAHOO.COM

Address	BLK 152 SERANGOON NORTH AVENUE 1 #3-352
Postcode	550152
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	2
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	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191015/2031

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	GBC3867G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 CHIN GUAN NICHOLAS (LIANG ZHENYUAN)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMN4681E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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. 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.

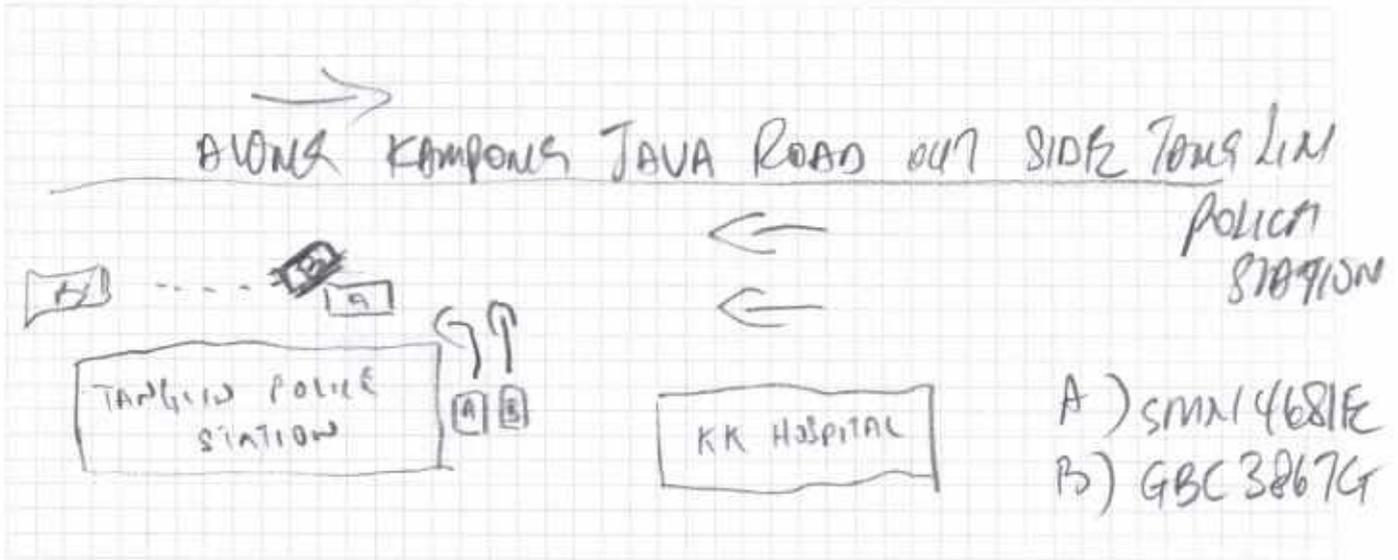


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

police report

1/10/19

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: 15/10/19


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



**SINGAPORE
POLICE FORCE**



T/20191015/2031

2 of 3

Report No: T/20191015/2031

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	NEO CHIN GUAN NICHOLAS	ID No.	S7600477C
Related Vehicle	SMN4681E (Car)	Contact No.	93807188
Hospital/Clinic	LIFELINK SN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/10/2019	Date Discharge	15/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 15.10.2019 I was driving a brown Honda Civic SMN4681E. At about 0725hrs after dropping off a passenger at Kandang Kerbau Hospital, I was driving out of the hospital premise to join the main road. I was at the extreme left lane. While waiting to join the main stream on my right was a white KKH van. I then drove out and join the main road still maintaining at the left most lane. However the van driver horned at me. I then gestured at him ask what was wrong. Suddenly he drove right into my lane and hit the front right corner of my vehicle causing an impact to my vehicle. We then got off our vehicles and the other driver started to scold me. He then asked me why I scolded him first. He then hurled some vulgarities at me and I told him to mind his words and that I will call the police. Just then he saw that my car was damaged, he immediately kept quiet. I asked for his particulars but he then just walked away and drove off. I do not have any onboard camera in my car. However this incident happened just outside Tanglin Police Station, I am sure there are CCTV around there. Due to the accident, my car's front right bumper was dislodged from its original position. I called for the police and the traffic police attended to me. I was then advised to lodge an accident report with ref to E/20191015/0038 in charge case IO Ivan, tel: 65476170.

Due to the accident, I sustained a sprained neck and muscle sprain on my back. I then went to seek medical attention at Lifelink SN Clinic & Surgery and I was given 3 days of mc.



**SINGAPORE
POLICE FORCE**



T/20191015/2031

3 of 3

Report No. T/20191015/2031

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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:

F /
Sgt 2 EDWIN CHAU YEW FEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/10/2019 11:01

Officer In Charge Of Case:

TP / GIT /
Staff Sgt SUFIYAN BIN KHAIRI
Contact No.: 65476390

Classification Of Case:

SN 154

Authentication Stamp
NP168



Signature:

Singapore Police Force

LIFELINK SN CLINIC & SURGERY
153, SERANGOON NORTH AVENUE 1 #01-534
SINGAPORE 550153
Tel: 62813977

Medical Certificate

Date of Visit: 15-Oct-2019

MC No.: MC1910151350

This is to certify that

Name: NEO CHIN GUAN

NRIC: S7600477C

is Unfit for Work

for 3 day(s) from 15-Oct-2019 to 17-Oct-2019

Remarks:

Lifeliink SN Clinic & Surgery,
153, Serangoon North Ave 1
#01-534 Singapore 550153
Tel: 6281 3977 Fax: 6303 1533
Email: enquiries@lifeliink.com

Doctor Name: Tan Peng Wee
MCR: M08212J

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

LIFELINK SN CLINIC & SURGERY
 153, SERANGOON NORTH AVENUE 1 #01-534
 SINGAPORE 550153
 Tel: 62813977

TAX INVOICE

NEO CHIN GUAN (S760477C)
 153, SERANGOON NORTH
 AVENUE 1
 #03-352
 SINGAPORE 550152

Invoice No. : GPC 019692
 Invoice Date : 15 Oct 2019
 ACRA No. : T07CM0961F
 GST Reg No. : T07CM0961F
 Doctor : Tan Peng Wee

ITEM NAME	QTY	ADJ	TOTAL
AMAREX			
ARCOXIA (ETORICOXIB) 120MG/TAB	20.00 tab/s	\$0.00	\$6.00
Consultation-General Service	5.00 tab/s	\$0.00	\$15.00
		\$0.00	\$23.00
			Final Bill
			Including GST (\$2.87)
			Cash Rounding
			\$0.00
			Payment received By Cash - RE/021409
			\$44.00
			Outstanding Balance
			\$0.00

LIFELINK SN CLINIC (P) LTD
 153, Serangoon North Ave 1
 #01-534 Singapore 550153
 Tel: 6201 3977 Fax: 6281 0630
 Email: life@lifelinksn.com



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:41	Photos		Normal	Photos 2019-10-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:41	Photos		Normal	Photos 2019-10-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:41	Photos		Normal	Photos 2019-10-15
NAC_BUKIT_MERAH_800476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:40	Photos		Normal	Photos 2019-10-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:40	Photos		Normal	Photos 2019-10-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:40	Photos		Normal	Photos 2019-10-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:40	Photos		Normal	Photos 2019-10-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-15
NAC_BUKIT_MERAH_800476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2019 17:40	SAS		Normal	SAS 2019-10-15

Video List

Uploaded By/Data	Folder Date	File Name	Source	Action
				Display in New Window Scan and uploading

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15 / 10 / 2019 (dd/mm/yy) Time of Accident: 07 : 25 (24-HR-FORMAT)

Vehicle No.: SMD4681E Vehicle Make & Model: HONDA CIVIC Private Hire: (Y/N)

Exact location of Accident: ALONG KAMPONG JAVA ROAD OUTSIDE TAPKUN POLICE STATION

Policyholder's Name / IC No.: SRS AUTO HOLIDAYS PTE LTD

Driver's Name / IC No.: NEO CHIA GUAN NICHOLAS (As Above)

Driver's Contact No.: 93807188 Company Contact No (Company Veh Only): 64753423

Driver's Address: 91A 152 SERANGGUD WTD AVE 1 #03-352 S(550152)

Email address: nicholas76@yahoo.com Insurance Company: NTUC Income

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

*No. of Passengers (Including Driver): nil

*Passanger Name: _____

*Passanger Name: _____

Gender: Male / Female

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: NEO CHIA GUAN NICHOLAS

Injuries Sustain: SPRAIN NECK AND BACK PAIN Injured Person in Which Vehicle: SMD4681E

Police Report filed: Yes / No (If YES) Which Police Station: SERANGGUD NPC

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBC 3867G

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Hello, NAC_BUKIT_MERAH_800676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident
 Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5108747945	5108747945-000053	SRS AUTO HOLDINGS PTE. LTD.	201709236H	GFM	Third Party	SMN4681E	SMN4681E	16/08/2019	07/04/2020

Continue