

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 | 01/08/2020 10:39 |
| Date Of Accident | 30/07/2020 16:40 |
| Exact Location Of Accident | ALONG BISHAN STREET 22 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMP9698P |
| Insured/Policyholder | |
| Name Of Registered Owner | NEO HUA BOOM |
| NRIC No | SXXXX432F |
| Email Address | SEANANNEO@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-97612885 |
| Alternative Phone No | OTHERS-97612885 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | S350L |
| 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 | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | GA545440/1 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | NEO HUA BOOM |
| NRIC No | SXXXX432F |
| Date Of Birth | 22/09/1969 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/01/1990 |
| Driving Experience | 30 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97612885 |
| Fax Number | |
| Contact Number | OTHERS-97612885 |
| Email Address | SEANANNEO@YAHOO.COM |

| | |
|---|---------------------------------|
| Address | 515 YIO CHU KANG ROAD #03-59 |
| Postcode | 787083 |
| 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 | COLLISION - MAJOR/MINOR RD |
| 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? | NO |
| 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) | 3 |
| Passenger 1 | NAME: : LEE BEE PENG GENDER: : FEMALE |
| Passenger 2 | NAME: : NARVEL NEO KAI YI GENDER: : MALE |

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

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

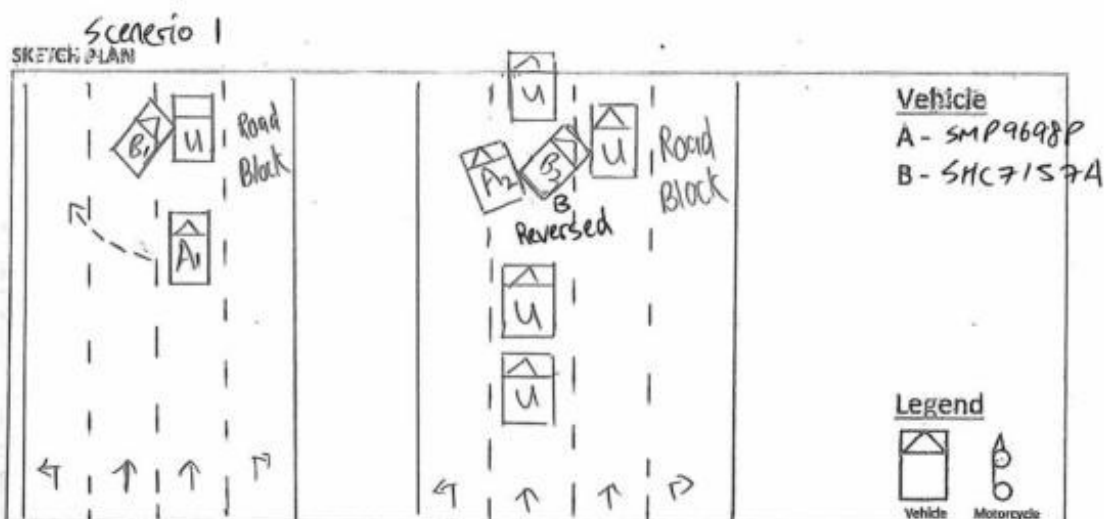
| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHC7157A |
| 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)

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary along Bishan Street 22 on the 2nd lane. While I was waiting at my own lane, vehicle B collided onto the front vehicle. After this accident happened, I then slowly moved my vehicle to the left in order to continue to my destination. However, just as I was waiting for the traffic light to turn green, vehicle B suddenly reversed his vehicle and collided onto my rear right portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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 #2


SKETCH PLAN

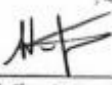
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6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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.:

Driving License & NRIC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6933432F




Name
NEO HUA BOOM
梁 华 文

Race
CHINESE

Date of Birth
22-09-1969

Sex
M

Country/Place of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Register: S6933432F

Name
NEO HUA BOOM

Birth Date: 22 Sep 1969

Issue Date: 19 Feb 2003



5631189



NRIC No: S6933432F

Date of Issue
03-08-2016


Address
515 YIO CHU KANG ROAD
#03-59
SINGAPORE 787083

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

Class 3 Motor Cars and Motor Tractors the weight of which under any load does not exceed 2500 kg gross

PASS DATE
19 Jan 1990

Licence No: S6933432F



NP 429A

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

| | | | |
|---|---|--|--|
| 1 Date of accident 30/07/2020 | Time 1640 | 2 Exact location of accident Along Bishan street 22 | 7a Designated by BOTH drivers 7b If you was even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | 5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) | Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |

3 Insured / policyholder (see insurance cert.)
SMP9698P

Name NEO HUA BOOM
(capital letters)

Address C15 Y0 chu kang
Room #03-59 (787093)

NRIC / Passport no. S6933432F

Tel no. (from 9am till 5pm) 97612885

HP

7 Vehicle
Make, type MERCEDES S350L

8 Insurance company
AYA ☐ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle A?
No ☐ Yes ☐

Policy No. GAS45440/1

9 Driver ☒ Same as Owner

Name NEO HUA BOOM
(capital letters)

NRIC / Passport no. S6933432F

Class of licence 3

HP 97612885

Gender Male ☒ Female ☐

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Chain Collision |
| <input type="checkbox"/> | Collided into Bicycle |
| <input type="checkbox"/> | Collided into Motorcycle |
| <input type="checkbox"/> | Collided into Parked Vehicle |
| <input type="checkbox"/> | Collided into Pedestrian |
| <input type="checkbox"/> | Collided into Property |
| <input type="checkbox"/> | Collision - Change/Cross Lane |
| <input type="checkbox"/> | Collision - Cross Junction |
| <input type="checkbox"/> | Collision - Head on Collision |
| <input type="checkbox"/> | Collision - Head to Rear |
| <input type="checkbox"/> | Collision - Major/Minor Rd |
| <input type="checkbox"/> | Collision - Opening Door of Vehicle |
| <input type="checkbox"/> | Collision - Roundabout |
| <input type="checkbox"/> | Collision - U-Turn |
| <input type="checkbox"/> | Drunk Driving / Drug Influence |
| <input type="checkbox"/> | Fire, Explosive or Lightning |
| <input type="checkbox"/> | Flood |
| <input type="checkbox"/> | Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> | Hit by Fallen Tree / Other Objects |
| <input type="checkbox"/> | No Collision |
| <input type="checkbox"/> | Side Swipe |
| <input type="checkbox"/> | Theft |

Registration No. (VEHICLE B) SHC7157A

8 Insured / policyholder (see insurance cert.)

Name
(capital letters)

Address

NRIC / Passport no.

Tel no. (from 9am till 5pm)

HP

7 Vehicle
Make, type

8 Insurance company
☐ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle B?
No ☐ Yes ☐

Policy No. (if available)

9 Driver (See driving licence)
(if different from insured B above)

Name
(capital letters)

NRIC / Passport no.

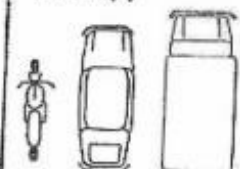
Class of licence

HP

Gender Male ☐ Female ☐

State TOTAL number of boxes marked with a cross

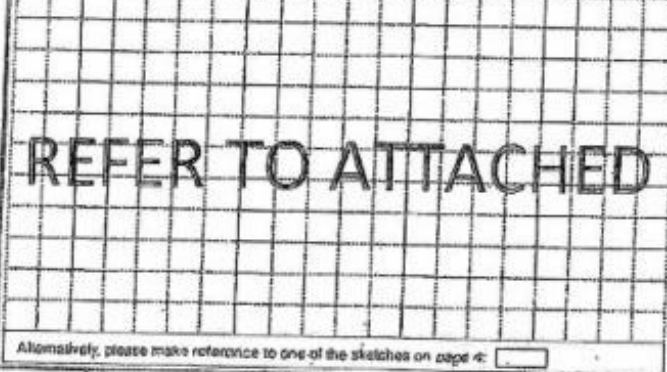
10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads



Alternatively, please make reference to one of the sketches on page 4:

15 Signatures of drivers

A

[Signature]

B

14 My remarks

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For Insured's Individual Statement (Part II) see overleaf →

Individual Statement

seananneo@yahoo.com

| INDIVIDUAL STATEMENT (Part II) | | Own Workshop Email / Fax (If any) | | | | | | | | | | | | | |
|--|---|--|---|------|---------|---------|--|--|--|--|--|--|--|--|--|
| To be completed and submitted within 24 hours to your insurer or 24 or appointed workshop (Use a separate sheet of paper where necessary) | | claims@Teamworkpage.com | | | | | | | | | | | | | |
| Insured | 1 Occupation (if more than one, state all) | Email: seananneo@yahoo.com | | | | | | | | | | | | | |
| Of which vehicle are you the owner? | 2 Vehicle registration no. <u>SM9698P</u> | C.C. | If commercial vehicle, state permissible carrying capacity | | | | | | | | | | | | |
| | 3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If no, State Relationship of Driver with owner | State the vehicle number and name of insurer of driver's own vehicle (where applicable) | | | | | | | | | | | | |
| | 4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Others - please specify | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> A <input type="checkbox"/> B | 5 Is the vehicle still in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If no, state where it is at present <u>Workshop</u> | Tel no. | | | | | | | | | | | | |
| | 6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | |
| If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop) | | | | | | | | | | | | | | | |
| Driver or person in charge of vehicle at the time of accident (including insured) | 7 Date of birth | Occupation | Date of license pass | | | | | | | | | | | | |
| | <u>22/09/1969</u> | <u>Indoor / Outdoor</u> | <u>19/01/1990</u> | | | | | | | | | | | | |
| | Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| | Was driver an employee of the insured's company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| 8 Give details of any pre-existing impairment of sight or hearing and of any other disability | | | | | | | | | | | | | | | |
| 9 Full details of all driving convictions including pending prosecutions in the last 36 months | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | Date | Offence | Penalty | | | | | | | | | |
| Date | Offence | Penalty | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Injured persons | 10 Name(s), address(es) and approximate age(s) | Injuries sustained | If vehicle occupants, state in which vehicle | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Damage to property & vehicles (other than vehicles A and B) | 11 Name(s) and address(es) of owner(s) | Vehicle registration no. or details of property | Nature of damage | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Police action | 12 Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | |
| | If yes, please state which Police station | | | | | | | | | | | | | | |
| Accident details | 13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| | If yes, against whom? | | | | | | | | | | | | | | |
| | 14 Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others | 15 Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others | | | | | | | | | | | | | |
| | 16 Speed of vehicles <u>A</u> km/hr <u>B</u> km/hr | 17 What warnings were given by driver or other party? | | | | | | | | | | | | | |
| Declaration | 18 Were street lights illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| | 19 What lights were displayed on your vehicle/the other vehicle(s)? | | | | | | | | | | | | | | |
| | 20 If your vehicle is commercial, state weight of load carried at time of accident | | | | | | | | | | | | | | |
| | 21 State how accident happened, width of roads, speed limits, etc (Refer to attached) (F) (M) | | | | | | | | | | | | | | |
| | 22 State number of Passengers (including Driver) <u>3</u> <u>Lee Bee Peng, Narnel Neo Kai Yi</u> | | | | | | | | | | | | | | |
| | I/We declare the foregoing particulars are true in every respect | | | | | | | | | | | | | | |
| Policyholder's signature <u>[Signature]</u> Date | | | | | | | | | | | | | | | |
| Driver's signature (if driver is not the policyholder) Date | | | | | | | | | | | | | | | |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

