

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	27/08/2020 09:46
Date Of Accident	27/08/2020 06:45
Exact Location Of Accident	ALONG TPE (PIE), 9KM NEAR LAMP POST 467
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH6672L
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Insured/Policyholder

Name Of Registered Owner	NEO MING FENG
NRIC No	
Email Address	@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-
Alternative Phone No	OTHERS-

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 G (A)
Exact Purpose for which vehicle was being used at time of accident	
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

NRIC No	S86D
Date Of Birth	
Occupation	INDOOR
Date Of Driving Pass	28/02/2007
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-
Fax Number	
Contact Number	OTHERS-
Email Address	Gxxxxxxxxx@HOTMAIL.COM

Insurance Company

Name of Insurance Company	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10266423R00
Cover Note Number	

Driver

Name of Driver	NEO MING FENG
Address	64
Postcode	760229
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	-
	-

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT2619E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEOW CHEE TECK
NRIC/Passport Number	

Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

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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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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 [OTHER]	ONLINE
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO
Vehicle Registration Number	SJJ7791H
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 SHF740X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver TOH TECK GUAN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLT2619E
Were seat belts worn?
Was this injured conveyed to hospital by
YE
S ambulance? Address
Postcode

Sketch Plan

SKETCH PLAN

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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: 27 Aug 2020
09:51 AM

Driver's Signature

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

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

	<p>LOCATION:</p> <p>TPE (PIE) 9KM LP 467.</p> <p>A- 3LH6672L</p> <p>B- 3LT2619E</p> <p>C- 3137791H</p> <p>D- SHF740X</p>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27 Aug 2020, at 06:46 AM, ~~date~~ I was driving on TPE (PIE) along 9KM near LP 467, ~~I~~ a red Trans-cab Taxi SHF740X was ahead of me. The veh SHF740X suddenly jammed brake in front of me and I followed suit to jam brake as well. I then felt a bang from the back of my car which pushed me forward to knock SHF740X as well.

When I alighted, I realised white Toyota Prime SLT2619E had remained in contact with ~~at~~ the back of my car. There was another Honda Vezel White ~~3137791H~~ ~~crashed~~ knocked into the Prime.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 27 Aug 2020 09:51 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Police Report

Brief details.

On 27 August 2020, at about 06:46AM, I was driving on TPE (PIE) along 9KM near LP467 and a red Trans-cab Tax SHF740X was ahead of me. The vehicle SHF740X suddenly jammed brake in front of me and I followed suit to jam brake as well. I then felt a bang from the back of my car which pushed me forward to knock SHF740X.

When I alighted from my car, I realised a white Toyota SLT2619E had remained in physical contact with the back of my car. There was another White Honda SJJ7791H behind SLT2619E which had knocked into SLT2619E as well.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	27/08/2020 10:19
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

There was 01 passenger apart from the driver (Toh Teck Guan 杜德官) in SHF740X. There was also 01 passenger apart from the driver (Seow Chee Teck 徐志德) in SLT2619E. The passenger in SLT2619E complained about leg pain and the driver called for an ambulance.

The SCDF ambulance and Traffic Police arrived at scene and TP SGT Hadri () took away my in-car camera SD card. TP provided me with the report no. C _____ and informed me that the IO is Md Noor at 07:45AM.

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



Driving License

Identification Card