SP0R20CS0003 / PREMIUM AUTOMOBILES PTE LTD [408699]
ENTRY DATE & TIME: 28/12/2020 14:35 (SGT)
SUBMITTED BY: NADIA HANI
VERSION: 1 (28/12/2020 14:35 (SGT))

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 witholding 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 Submission	28/12/2020 14:35 (SGT)
Date of Accident	27/12/2020 13:30 (SGT)
Exact Location of Accident	Near 144 Bishan Street 12, Singapore 570144
Additional Location Information	T-JUNCTION BETWEEN BISHAN ST 11 & BISHAN ST 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3049J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KAREN TEO
NRIC No	SXXXX278B
Email Address	KARENTEO.SG@GMAIL.COM
Mobile Phone No	(Phone) +65-92788177
Alternative Phone No	+65-92788177

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	-
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700023569-03
Cover Note Number	-

DRIVER

Name of Driver	NEO TIEN SONG PAUL
NRIC No	SXXXX870F
Date Of Birth	07/03/1975
Occupation	Indoor

Date Of Driving Pass	21/06/1995
Driving experience	25 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92769607
Alt. Phone Number	-
Email Address	PAULNTS@GMAIL.COM
Address	53 HUME AVENUE
Address complement	#01-04
Postcode	598751
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KAREN TEO
Gender	Female

PASSENGER 2

Name	NEO TZE-EH RACHEL
Gender	Female

PASSENGER 3

Name	NEO TZE-YI DANIEL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS MAKING A RIGHT TURN FROM BISHAN ST 12 TO BISHAN ST 11 (NEAR BLK 144) WHEN I SAW THAT IT WAS CLEAR. THEN AS I WAS COMPLETING THE TURN INTO BISHAN ST 11, I HEARD A BANG TO MY CAR AT THE REAR RIGHT SIDE I SAW THAT A WHITE MOTORCYCLE HAD STOPPED BY THE REAR RIGHT CORNER OF MY CAR. THE RIDER WAS STILL SITTING ON THE MOTORCYCLE AT THAT POINT. I STOPPED MY CAR TO GET OUT AND CHECK WHAT HAPPENED AND THE RIDER DISMOUNTED. I ASKED THE RIDER IF SHE WAS INJURED AND SHE SAID THAT HER LEFT WRIST HURT. MY WIFE THEN CALLED FOR AN AMBULANCE AND WE MOVED OUR VEHICLES TO THE SIDE OF THE ROAD (BISHAN ST 11). WE GAVE THE RIDER SOME ICE TO PUT ON HER WRIST AND ALSO EXCHANGED PARTICULARS. THE AMBULANCE ARRIVED VERY SHORTLY AND ONE OF THE PARAMEDICS HELPED TO MOVE THE MOTORCYCLE INTO THE NEAREST CARPARK NEXT TO BLK 170 BISHAN ST 11. THE AMBULANCE CREW ASKED IF WE WANTED TO NOTIFY THE POLICE OR JUST SETTLE WITH OUR INSURANCE COMPANIES. BOTH PARTIES SAID THAT WE WILL JUST REPORT TO OUR RESPECTIVE INSURANCE COMPANIES. THE AMBULANCE CREW THEN TOLD US THAT THEY WOULD TEND TO HER WRIST WHILE WE DID NOT HAVE TO WAIT AND COULD LEAVE. UPON ARRIVING HOME, WE CHECKED WITH OUR INSURANCE POLICY WITH AIG AND UNDERSTOOD THAT A POLICE REPORT OF THE ACCIDENT IS REQUIRED UNLESS THERE IS NO INJURY. THUS, WE ARE MAKING THIS REPORT AS REQUIRED BY THE AIG INSURANCE POLICY.

ADDITIONAL INFOMATION:
MY SPOUSE, PAUL ASSISTED TO MOVE MS NURUL'S MOTORBIKE TO SIDE OF ROAD BUT IT FELL ON HIM. HE EXPERIENCED BACK PAIN THE MORNING AFTER THE ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

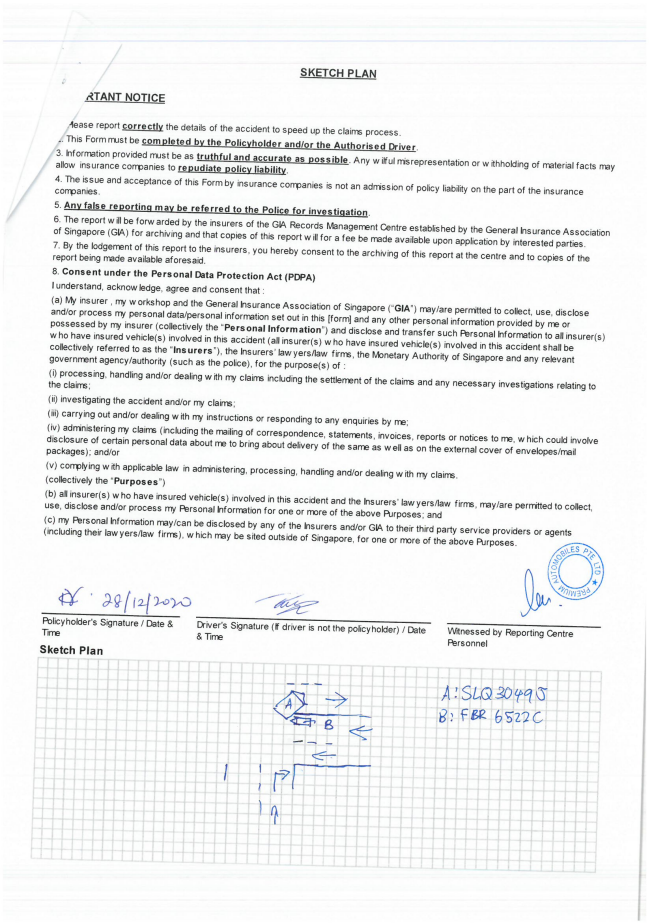
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBR6522C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Motorcycle
Name of Driver	NURUL SHAHIDAH BINTI MUSTAFA
NRIC No	SXXXX565E
Contact Number	(Phone) +65-81552532
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NURUL SHAHIDAH BINTI MUSTAFA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN AT WRIST
Injured person in which vehicle?	FBR6522C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes



SKETCH PLAN

RTANT NOTICE

Please report **correctly** the details of the accident to speed up the claims process.

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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.

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.

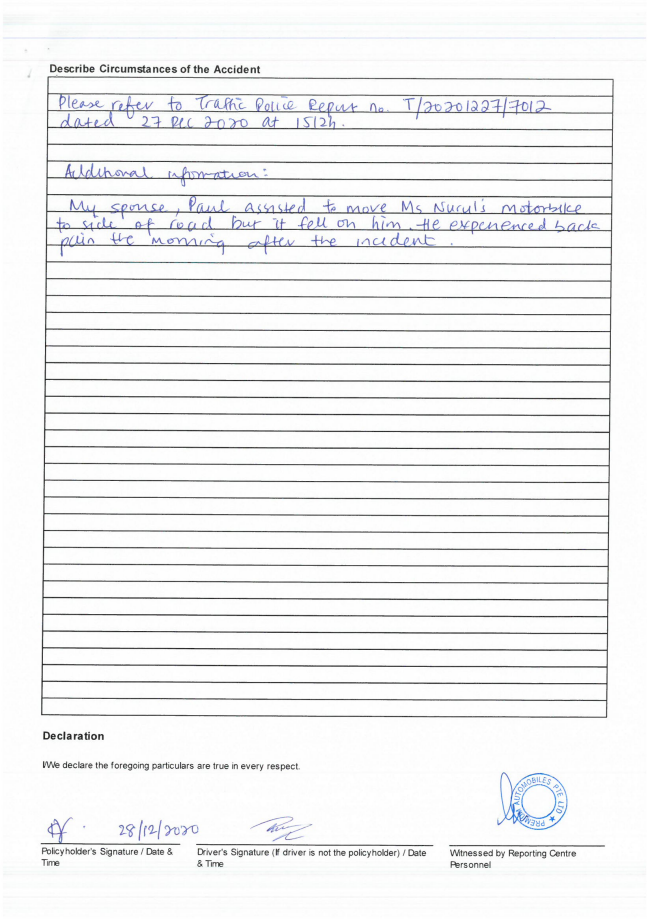
28/12/2020

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Please refer to Traffic Police Report No. T/20201227/7012 dated 27 Dec 2020 at 1512h.

Additional information:

My sponse, Paul assisted to move Ms Nurul's motorbike to side of road but it fell on him. He experienced back pain the morning after the incident.

Declaration

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

28/12/2020

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

IMAGES #14

IMAGES #15

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IMAGES #18

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IMAGES #20

IMAGES #21

IMAGES #22

IMAGES #23

IMAGES #24


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2- 1045 kg
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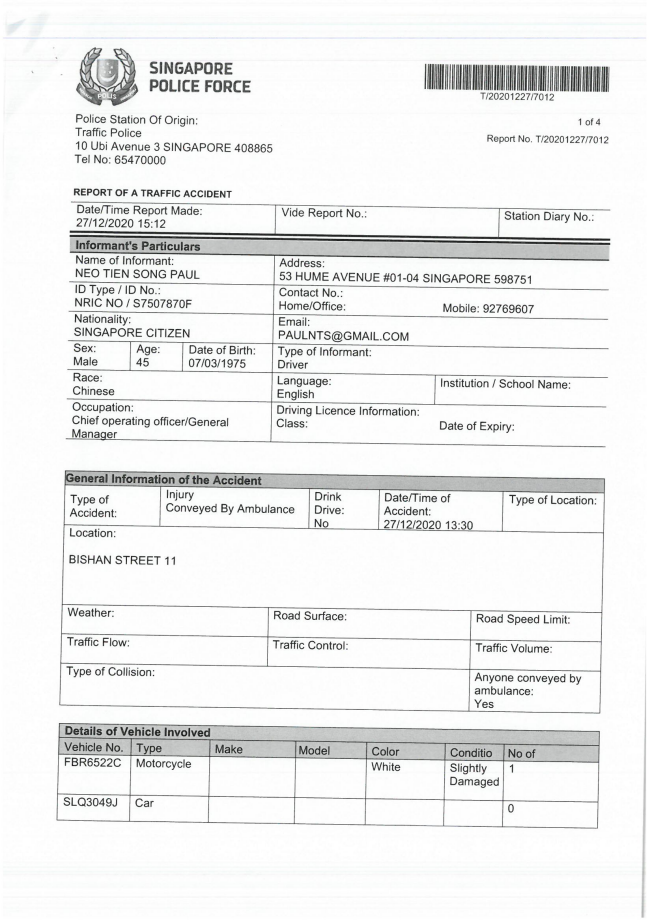


SINGAPORE POLICE FORCE

T/20201227/7012

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

1 of 4
Report No. T/20201227/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
27/12/2020 15:12		

Informant's Particulars

Name of Informant: NEO TIEN SONG PAUL			Address: 53 HUME AVENUE #01-04 SINGAPORE 598751	
ID Type / ID No.: NRIC NO / S7507870F			Contact No.: Home/Office:	Mobile: 92769607
Nationality: SINGAPORE CITIZEN			Email: PAULNTS@GMAIL.COM	
Sex: Male	Age: 45	Date of Birth: 07/03/1975	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Chief operating officer/General Manager			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/12/2020 13:30	Type of Location:
Location: BISHAN STREET 11				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR6522C	Motorcycle			White	Slightly Damaged	1
SLQ3049J	Car					0

SINGAPORE POLICE FORCE

T/20201227/7012

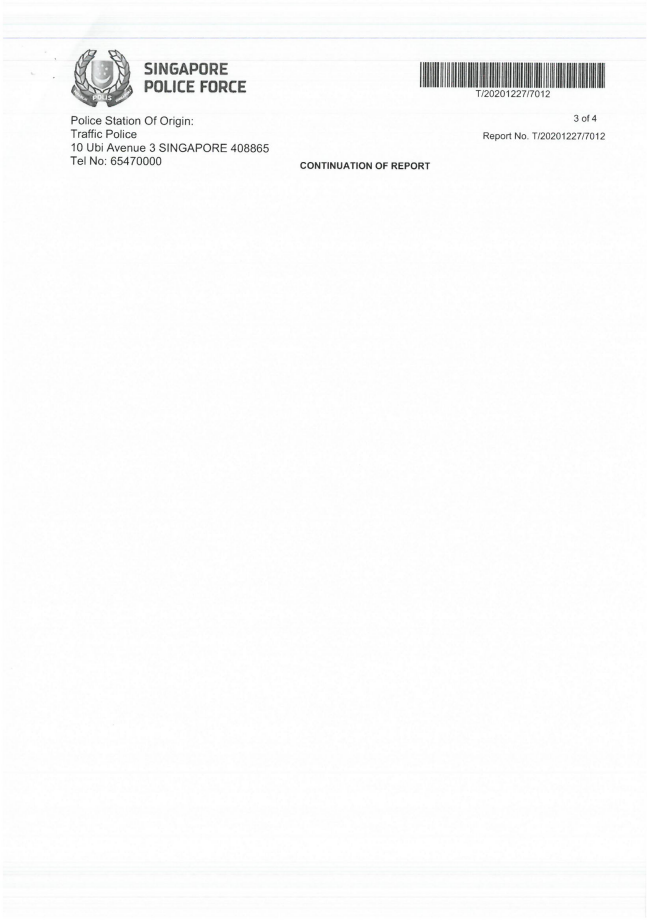
Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201227/7012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NURUL SHAHIDAH BINTI MUSTAFA	ID No.	S8738565E
Related Vehicle	FBR6522C (Motorcycle)	Contact No.	81552532
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: 09/09/2020
Date	27/12/2020	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	NEO TIEN SONG PAUL	ID No.	S7507870F
Related Vehicle	SLQ3049J (Car)	Contact No.	92769607
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.
I was making a right turn from Bishan Street 12 to Bishan Street 11 (near Blk 144) when I saw that it was clear. Then as I was completing the turn into Bishan Street 11, I heard a bang to my car at the rear right side. I saw that a white motorcycle had stopped by the rear right corner of my car. The rider was still sitting on the motorcycle at that point. I stopped my car to get out and check what happened and the rider dismounted. I asked the rider if she was injured and she said that her left wrist hurt. My wife then called for an ambulance and we moved our vehicles to the side of the road (Bishan Street 11). Pictures of the accident are as attached. We gave the rider some ice to put on her wrist and also exchanged particulars. The ambulance arrived very shortly and one of the paramedics helped to move the motorcycle into the nearest carpark next to Blk 170 Bishan Street 11. The ambulance crew asked if we wanted to notify the police or just settle with our insurance companies. Both parties said that we will just report to our respective insurance companies. The ambulance crew then told us that they would tend to her wrist while we did not have to wait and could leave. Upon arriving home, we checked with our insurance policy with AIG and understood that a police report of the accident is required unless there is no injury. Thus, we are making this report as required by the AIG insurance policy.



SINGAPORE
POLICE FORCE

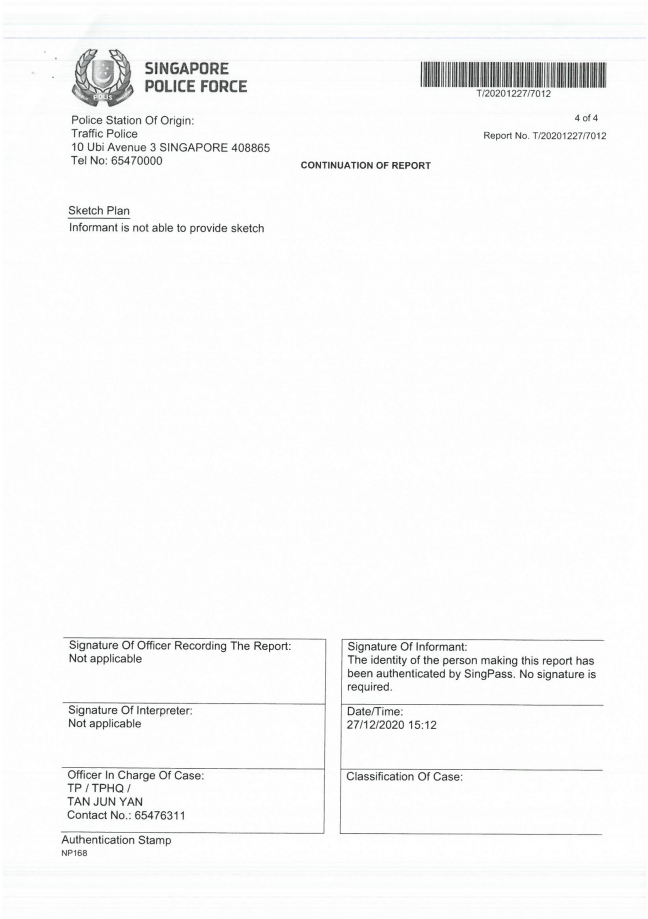
T/20201227/7012

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

3 of 4

Report No. T/20201227/7012

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE

T/20201227/7012

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

4 of 4

Report No. T/20201227/7012

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2020 15:12
Officer In Charge Of Case: TP / TPHQ / TAN JUN YAN Contact No.: 65476311	Classification Of Case:

Authentication Stamp
NP168