

# 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 Submission ..... 01/03/2021 14:59 (SGT)  
Date of Accident ..... 28/02/2021 13:20 (SGT)  
Exact Location of Accident ..... Buangkok Dr, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMR8433H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NEO SHUI JIN, JIMSON (LIANG SHUIJIN, JIMSON)  
NRIC No ..... SXXXX238Z  
Email Address ..... JIMSON84@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91067717  
Alternative Phone No ..... +65-91067717

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
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? ..... No - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5115501995-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NEO SHUI JIN, JIMSON (LIANG SHUIJIN, JIMSON)  
NRIC No ..... SXXXX238Z  
Date Of Birth ..... 06/07/1984  
Occupation ..... Outdoor

|  |                                |
|--|--------------------------------|
| Date Of Driving Pass .....   | 10/04/2007                     |
| Driving experience .....   | 13 YEARS AND 10 MONTHS         |
| Gender .....   | Male                           |
| Mobile Number .....  | (Phone) +65-91067717           |
| Alt. Phone Number .....  | +65-91067717                   |
| Email Address .....  | JIMSON84@GMAIL.COM             |
| Address .....  | BLK 416C FERNSVALE LINK #09-72 |
| Address complement .....   | -                              |
| Postcode .....   | 793416                         |
| Is the driver the policyholder? .....                              | Yes                            |
| If No, Relationship of the Driver with the Insured .....           | -                              |
| 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 - Head to Rear |
| 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? .....  | No  |
| Was any other material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 3   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |                       |
|--------------|-----------------------|
| Name .....   | TAN YEE LING LYNNETTE |
| Gender ..... | Female                |

#### PASSENGER 2

|              |                   |
|--------------|-------------------|
| Name .....   | KYLER NEO TING YI |
| Gender ..... | Female            |

#### 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

REFER TO POLICE REPORT T/20210301/7005

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SGZ558M     |
| Vehicle Manufacturer .....                    | -           |
| Vehicle Model .....                           | -           |
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| Name of Driver .....                          | -           |
| Contact Number .....                          | -           |
| 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 .....                              | TAN YEE LING LYNNETTE |
| Address .....   | -                     |
| Address Complement .....                                  | -                     |
| Post Code .....   | -                     |
| Approximate Age Years Old .....                           | -                     |
| Injuries Sustained .....                                  | BODY                  |
| Injured person in which vehicle? .....                    | SMR8433H              |
| Were seat belts worn? .....                               | Yes                   |
| Was this injured conveyed to hospital by ambulance? ..... | No                    |

### INJURED 2

|   |                   |
|---|-------------------|
| Name of injured person .....                              | KYLER NEO TING YI |
| Address .....   | -                 |
| Address Complement .....                                  | -                 |
| Post Code .....   | -                 |
| Approximate Age Years Old .....                           | -                 |
| Injuries Sustained .....                                  | BODY              |
| Injured person in which vehicle? .....                    | SMR8433H          |
| Were seat belts worn? .....                               | Yes               |
| Was this injured conveyed to hospital by ambulance? ..... | No                |

### INJURED 3

|   |  |
|---|--|
| Name of injured person .....                              | NEO SHUI JIN, JIMSON (LIANG SHUIJIN, JIMSON) |
| Address .....   | -  |
| Address Complement .....                                  | -  |
| Post Code .....   | -  |
| Approximate Age Years Old .....                           | -  |
| Injuries Sustained .....                                  | BODY   |
| Injured person in which vehicle? .....                    | SMR8433H                                     |
| Were seat belts worn? .....                               | Yes  |
| Was this injured conveyed to hospital by ambulance? ..... | No   |

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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: 28 Feb 2021

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

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

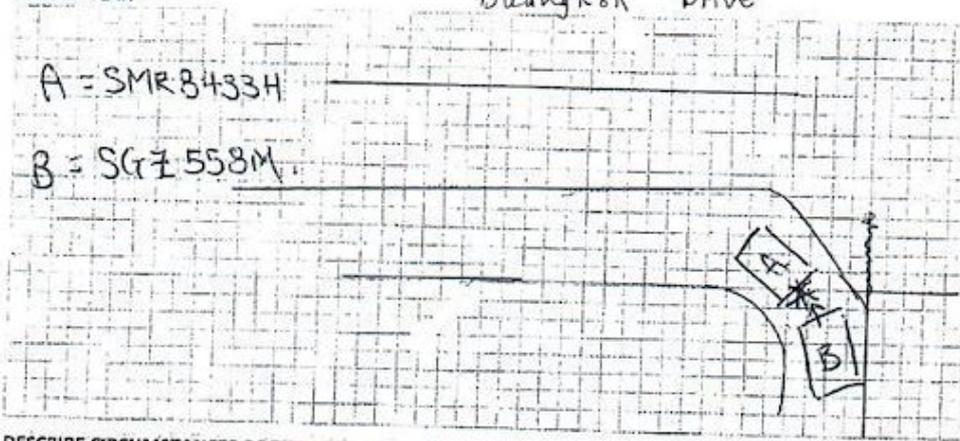
2015041 - Accident Report Form

SKETCH PLAN

Buangkok Drive

A = SMR8433H

B = SGZ558M



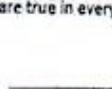
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to TP Report  
T/20210501/7605

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 28 Feb 2021

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

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


















**SINGAPORE  
POLICE FORCE**


T/20210301/7005

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

1 of 4  
Report No. T/20210301/7005

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>01/03/2021 11:17 |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                    |                            |
| Name of Informant:<br>NEO SHUI JIN, JIMSON |            |                              | Address:<br>416C FERVALE LINK #09-72 SINGAPORE 793416 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S8420238Z   |            |                              | Contact No.:  |                    | Mobile: 91067717           |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>JIMSON84@GMAIL.COM                          |                    |                            |
| Sex:<br>Male                               | Age:<br>36 | Date of Birth:<br>06/07/1984 | Type of Informant:<br>Vehicle Owner                   |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English                                  |                    | Institution / School Name: |
| Occupation:<br>Real estate agent           |            |                              | Driving Licence Information:<br>Class: 3              |                    | Date of Expiry:            |

|  |                  |                                    |  |                                     |
|--|------------------|------------------------------------|--|-------------------------------------|
| <b>General Information of the Accident</b>                   |                  |                                    |  |                                     |
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>28/02/2021 13:20 | Type of Location:<br>T-Junction     |
| Location:<br><br>BUANGKOK DRIVE                              |                  |                                    |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |  | Road Speed Limit:<br>50 Km/h        |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>No Traffic       |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |  | Anyone conveyed by ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |      |        |                              |        |                   |       |
|------------------------------------|------|--------|------------------------------|--------|-------------------|-------|
| Vehicle No.                        | Type | Make   | Model                        | Color  | Condition         | No of |
| SGZ558M                            | Car  | TOYOTA | Wish                         | Silver | Slightly Damaged  | 0     |
| SMR8433H                           | Car  | HONDA  | Shuttle 2019 facelift hybrid | White  | Seriously Damaged | 2     |



**SINGAPORE  
POLICE FORCE**



T/20210301/7005

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

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Report No. T/20210301/7005

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |  |               |            |             |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
| SMR8433H                     | NTUC Income Insurance Co-Operative Limited | 5115501995-01 | 23/01/2021 | 22/01/2022  |

| Details of Person Involved        |                        |  |                                   |                                  |
|-----------------------------------|------------------------|--|-----------------------------------|----------------------------------|
| Any Pedestrian Involved: No       |                        |  |                                   |                                  |
| No. of Pedestrians Injured: NIL   |                        |  | Use of Pedestrian Crossing: NA    |                                  |
| Vehicle Owner                     |                        |  |                                   |                                  |
| Name                              | NEO SHUI JIN, JIMSON   |  | ID No.                            | S8420238Z                        |
| Related Vehicle                   | SMR8433H (Car)         |  | Contact No.                       | 91067717                         |
| Hospital/Clinic                   | 24 HOUR WALK-IN CLINIC |  | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL  |
| Date                              | 28/02/2021             |  | Date                              | 28/02/2021                       |
| No. of Days granted Medical Leave | 04                     |  | Degree of                         | Slight                           |
| Passenger                         |                        |  |                                   |                                  |
| Name                              | KYLER NEO TING YI      |  | ID No.                            | T1512446B                        |
| Related Vehicle                   | SMR8433H (Car)         |  | Contact No.                       | NIL                              |
| Hospital/Clinic                   | 24 HOUR WALK-IN CLINIC |  | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL  |
| Date                              | 28/02/2021             |  | Date                              | 28/02/2021                       |
| No. of Days granted Medical Leave | 03                     |  | Degree of                         | Slight                           |
| Passenger                         |                        |  |                                   |                                  |
| Name                              | TAN YEE LING, LYNNETTE |  | ID No.                            | S8625522G                        |
| Related Vehicle                   | SMR8433H (Car)         |  | Contact No.                       | 91067710                         |
| Hospital/Clinic                   | 24 HOUR WALK-IN CLINIC |  | Class of Driving Licence & Expiry | Class: 3A<br>Date of Expiry: NIL |
| Date                              | 28/02/2021             |  | Date                              | 28/02/2021                       |
| No. of Days granted Medical Leave | 04                     |  | Degree of                         | Slight                           |



**SINGAPORE  
POLICE FORCE**



T/20210301/7005

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

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Report No. T/20210301/7005

**CONTINUATION OF REPORT**

Brief Details.

I was driving along buangkok drive on 28/2/2021 at about 1.20pm when I was approaching the predestrain crossing I stop at the check line and the back vehicle SGZ558M bang onto the rear of my vehicle.



**SINGAPORE  
POLICE FORCE**

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



T/20210301/7005

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Report No. T/20210301/7005

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

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:  
01/03/2021 11:17

Classification Of Case: