

# 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 ..... 11/05/2021 13:06 (SGT)  
Date of Accident ..... 10/05/2021 10:10 (SGT)  
Exact Location of Accident ..... Kampong Java Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJT5839R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KENT AUTO SERVICES  
Company Reg No ..... 52974332M  
Email Address ..... KENTKH530@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97547573  
Alternative Phone No ..... +65-97547573

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... P2204317  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NEO HUEY SHENG  
NRIC No ..... S7804215Z

Date Of Birth .....	28/02/1978
Occupation .....	Indoor
Date Of Driving Pass .....	27/04/1996
Driving experience .....	25 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-91092308
Alt. Phone Number .....	-
Email Address .....	KENTKH530@GMAIL.COM
Address .....	BLK 220 PASIR RIS STREET 21 #12-172
Address complement .....	-
Postcode .....	510220
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Kampong Java Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002959999
Alt. Police Station Phone No .....	(Fax) +65-63913442
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACH  
STATEMENT RECORDED BY PEI WEN- 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? .....	Yes
Reasons for not uploading a video of the accident .....	VIDEO WITH OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMQ8853J
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 .....	NEO HUEY SHENG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJT5839R
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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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")

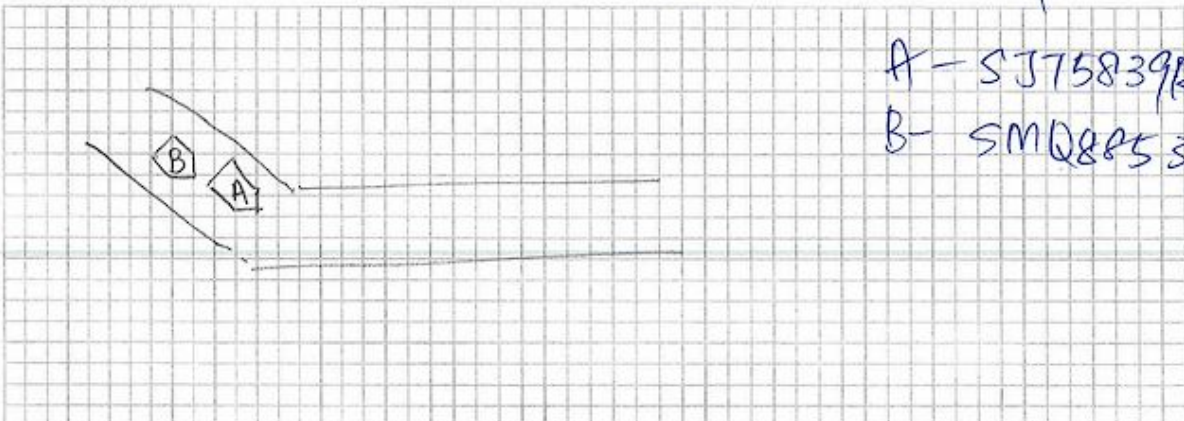
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.



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

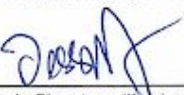
Refer to police report.

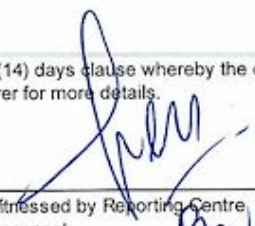
## Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

























**SINGAPORE  
POLICE FORCE**



T/20210510/2113

1 of 3

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

Report No. T/20210510/2113

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/05/2021 18:05	Vide Report No.:	Station Diary No.: 80
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**Informant's Particulars**

Name of Informant: NEO HUEY SHENG			Address: APT BLK 220 PASIR RIS STREET 21 #12-172 SINGAPORE 510220	
ID Type / ID No.: NRIC NO / S7804215Z			Contact No.: Home/Office: Mobile: 91092308	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 43	Date of Birth: 28/02/1978	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2021 10:10	Type of Location: Slip Road
Location:  KAMPONG JAVA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Stationary vehicle - Hit unto the rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT5839R	Car	TOYOTA	Altis	Black	Slightly Damaged	0
SMQ8853J	Car	HONDA		White	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20210510/2113

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Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

Report No. T/20210510/2113

## CONTINUATION OF REPORT

Driver			
Name	NEO HUEY SHENG	ID No.	S7804215Z
Related Vehicle	SJT5839R (Car)	Contact No.	91092308
Hospital/Clinic	A Life Clinic Pte Ltd, Novena Medical Centre.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/05/2021	Date Discharge	10/05/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Yeo Qian Le Adrian	ID No.	S8210370H
Related Vehicle	SMQ8853J (Car)	Contact No.	97530500
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 10/05/2021 at about 10.10 am, I was driving my vehicle SJT 5839R (Black Toyota Altis) from Bukit Timah Road to Kampong Java Road. I turn into the slip road of Kampong Java Rad and stopped to give way to the traffic from my right. At this juncture, a motorcar (SMQ 8853 J) vehicle from my rear hit the back of my car causing my car and myself to lunge forward. I was having back pain due to the sudden impact and sought medical treatment by myself. I was issued with 5 days of MC dated 10 May 2021 to 14 May 2021. MC No. MC2105101021. The rear bumper of my car was dented. The other car driver and myself exchanged particulars, took photos and moved on as traffic was building up. There were no government property were damaged.





**SINGAPORE  
POLICE FORCE**



T/20210510/2113

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Report No. T/20210510/2113

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

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: E / SI ANDREW KUMARESAN S/O RAMAIAH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/05/2021 18:05
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case: SN 72
Authentication Stamp NP168 	