

# 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 ..... 09/07/2021 17:57 (SGT)  
Date of Accident ..... 08/07/2021 18:20 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLW7380T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NEO WEI KHOON KELVIN  
NRIC No ..... SXXXX601J  
Email Address ..... kelvinneowk@gmail.com  
Mobile Phone No ..... (Phone) +65-98523796  
Alternative Phone No ..... +65-98523796

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Civic  
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  
Transmission ..... Auto  
CC ..... 1498

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 21-MT001116-R02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NEO WEI KHOON KELVIN  
NRIC No ..... SXXXX601J

|  |                       |
|--|-----------------------|
| Date Of Birth .....  | 12/11/1982            |
| Occupation .....   | Indoor                |
| Date Of Driving Pass .....   | 29/12/2004            |
| Driving experience .....   | 16 YEARS AND 7 MONTHS |
| Gender .....   | Male                  |
| Mobile Number .....  | (Phone) +65-98523796  |
| Alt. Phone Number .....  | +65-98523796          |
| Email Address .....  | kelvinneowk@gmail.com |
| Address .....  | 3 JALAN LABU MERAH    |
| Address complement .....   | -                     |
| Postcode .....   | 537973                |
| 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 .....   | Chain Collision |
| Weather Conditions ..... | Clear           |
| Road Surface .....       | Dry             |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 3   |
| Was anybody injured in the Accident? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| Was any other vehicle 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 .....                       | 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

PLS REFER TO THE POLICE REPORT:T/20210708/7028

#### 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 ..... | SLP5395B    |
| 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) .....     | - |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SKG1701L    |
| 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 WEI KHOON KELVIN                    |
| Address .....   | -                                       |
| Address Complement .....                                  | -                                       |
| Post Code .....   | -                                       |
| Approximate Age Years Old .....                           | -                                       |
| Injuries Sustained .....                                  | NECK,BACK,LEFT SHOULDER AND CHEST PAIN. |
| Injured person in which vehicle? .....                    | SLW7380T                                |
| Were seat belts worn? .....                               | Yes                                     |
| Was this injured conveyed to hospital by ambulance? ..... | No                                      |

SKETCH PLAN

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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.

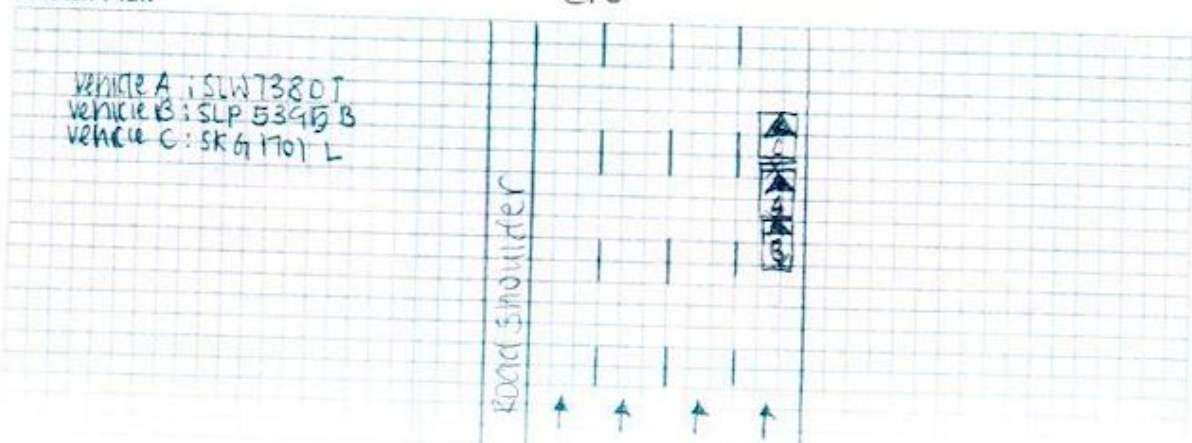
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CTE






## Describe Circumstances of the Accident

On the stated date and time, I vehicle A (SIW 7380T) was travelling straight on the stated venue. When the front vehicle brakes, I followed suit without having any collision. Suddenly, I felt a huge impact on the rear of my vehicle. The impact was so huge that it caused my vehicle to propel and hit onto vehicle C (SKH 1701L) rear portion. I then came down to check and realised that it was vehicle B (SLP 5395B) who have collided onto my vehicle.

## Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

 09/07/21  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210708/7028

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

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Report No. T/20210708/7028

**CONTINUATION OF REPORT**

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                        | Insurance No | Effective  | Expiry Date |
|-------------|--|--------------|------------|-------------|
| SLW7380T    | TOKIO MARINE INSURANCE<br>SINGAPORE LTD. | MT001116     | 28/02/2020 | 27/02/2022  |

**Details of Person Involved**

|                                   |                         |                                   |                                 |
|-----------------------------------|-------------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No       |                         |                                   |                                 |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA    |                                 |
| <b>Driver</b>                     |                         |                                   |                                 |
| Name                              | NEO WEI KHOON, KELVIN   | ID No.                            | S8235601J                       |
| Related Vehicle                   | SLW7380T (Car)          | Contact No.                       | 98523796                        |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | 08/07/2021              | Date                              | 08/07/2021                      |
| No. of Days granted Medical Leave | 05                      | Degree of                         | Serious                         |

**Brief Details.**

ON THE STATED DATE AND TIME, I VEHICLE PLATE NUMBER SLW7380T WAS TRAVELING ALONG CTE TOWARDS CHINATOWN ON THE LANE 1.

VEHICLE PLATE NUMEBR SKG1701L INFRONT APPLY BRAKE AND SLOW DOWN THEN I APPLY BRAKE AND SLOW DOWN AS WELL WITH A ONE CAR SPACE FROM THE FIRST VEHICLE SUDDENLY I FELT A HUGE IMPACT FROM MY REAR PORTION OF MY VEHICLE AND CAUSE MY VEHICLE TO MOVE FORWARD AND HIT VEHICLE SKG1701L.

I CAME DOWN AND CHECK VEHICLE PLATE NUMBER SLP5395B COLLIDED ONTO MY REAR PORTION OF MY VEHICLE.

AFTER THE ACCIDENT WE EXCHANGE PARTICULAR AND LEFT THE SCENE, I WENT TO MOUNT ALVERNIA HOSPITAL TO CONSULT DOCTOR CAUSE I FELT PAIN ON MY NECK,BACK, LEFT SHOULDER AND CHEST PAIN AND DOCTOR GIVEN 5 DAYS MC.































































**SINGAPORE  
POLICE FORCE**



T/20210708/7028

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

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Report No. T/20210708/7028

**REPORT OF A TRAFFIC ACCIDENT**

|   |            |   |                              |
|---|------------|---|------------------------------|
| Date/Time Report Made:<br>08/07/2021 20:26  |            | Vide Report No.:                                | Station Diary No.:           |
| <b>Informant's Particulars</b>              |            |   |                              |
| Name of Informant:<br>NEO WEI KHOON, KELVIN |            | Address:<br>3 JALAN LABU MERAH SINGAPORE 537973 |                              |
| ID Type / ID No.:<br>NRIC NO / S8235601J    |            | Contact No.:<br>Home/Office: Mobile: 98523796   |                              |
| Nationality:<br>SINGAPORE CITIZEN           |            | Email:<br>kelvinneowk@gmail.com                 |                              |
| Sex:<br>Male                                | Age:<br>38 | Date of Birth:<br>12/11/1982                    | Type of Informant:<br>Driver |
| Race:<br>Chinese                            |            | Language:<br>English                            | Institution / School Name:   |
| Occupation:<br>Self employed                |            | Driving Licence Information:<br>Class: 3        | Date of Expiry:              |

**General Information of the Accident**

|  |                  |                                    |  |                                    |
|--|------------------|------------------------------------|--|------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of Accident:<br>08/07/2021 18:30 | Type of Location:<br>Straight Road |
| Location:<br><br>CENTRAL EXPRESSWAY                          |                  |                                    |  |                                    |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               | Road Speed Limit:<br>90 Km/h               |                                    |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                   |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    | Anyone conveyed by ambulance:<br>No        |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make    | Model                   | Color | Condition         | No of |
|-------------|------|---------|-------------------------|-------|-------------------|-------|
| SKG1701L    | Car  |         |                         |       | Slightly Damaged  | 0     |
| SLP5395P    | Car  | HYUNDAI |                         | Black | Seriously Damaged | 0     |
| SLW7380T    | Car  | HONDA   | CIVIC+1.5+TURBO+VTIS+SR | Black | Seriously Damaged | 0     |



**SINGAPORE  
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T/20210708/7028

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Report No. T/20210708/7028

CONTINUATION OF REPORT

**Details of Vehicle Insurance**

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**Details of Person Involved**

|                                   |                         |                                   |                                 |
|-----------------------------------|-------------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No       |                         |                                   |                                 |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA    |                                 |
| Driver                            |                         |                                   |                                 |
| Name                              | NEO WEI KHOON, KELVIN   | ID No.                            | S8235601J                       |
| Related Vehicle                   | SLW7380T (Car)          | Contact No.                       | 98523796                        |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | 08/07/2021              | Date                              | 08/07/2021                      |
| No. of Days granted Medical Leave | 05                      | Degree of                         | Serious                         |

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**SINGAPORE  
POLICE FORCE**

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



T/20210708/7028

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Report No. T/20210708/7028

**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 / TPB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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:  
08/07/2021 20:26

Classification Of Case: