

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 24/11/2021 17:45 (SGT)
Date of Accident 23/11/2021 12:50 (SGT)
Exact Location of Accident Sims Ave E, Singapore
Additional Location Information SIMS AVE EAST & LOR MARICAN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS8768Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CAR PHILOSOPHY PTE. LTD.
Company Reg No 2XXXXX485C
Email Address atomyc44@gmail.com
Mobile Phone No (Phone) +65-94309849
Alternative Phone No +65-94309849

VEHICLE PARTICULARS

Manufacturer Hyundai
Model I30
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5112765273-02
Cover Note Number -

DRIVER

Name of Driver CHUA CHEE BENG
NRIC No SXXXX899A

Date Of Birth	28/09/1971
Occupation	Outdoor
Date Of Driving Pass	12/10/1998
Driving experience	23 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82338844
Alt. Phone Number	-
Email Address	atomyc44@gmail.com
Address	BLK 530 SERANGOON NORTH AVENUE 4
Address complement	#04-04
Postcode	550530
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	Raining
Road Surface	Wet

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	N.A
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

PLEASE SEE POLICE REPORT AND ATTACHED SKETCH PLANS.

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	SLJ7990B
Vehicle Manufacturer	Honda

Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NEO HOCK KEONG ALBERT
NRIC No	SXXXX335Z
Contact Number	(Phone) +65-90280667
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	CHUA CHEE BENG
Gender	Male
Phone No	(Phone) +65-82338844
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK PAIN
Injured person in which vehicle?	SJS8768Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.



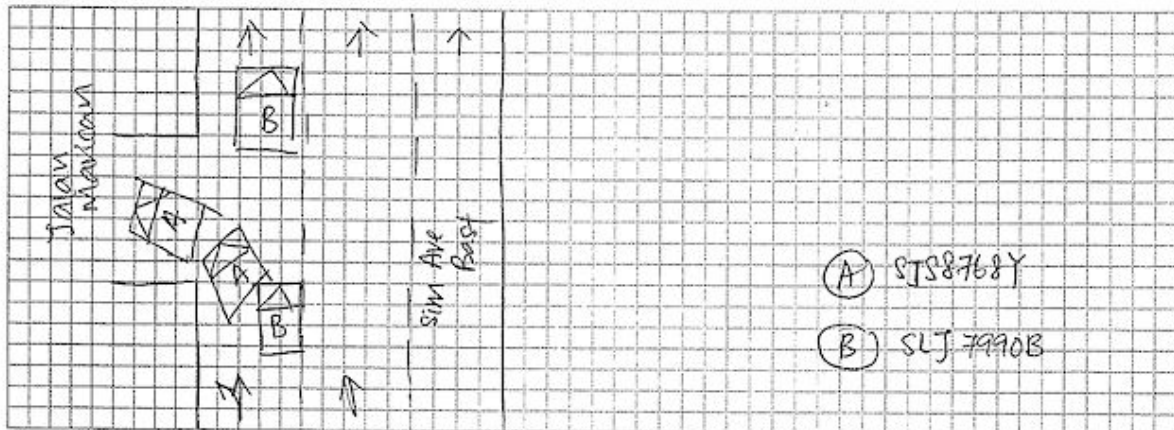
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As per police report No.: T ~~2021~~ 2021124/2025

☐ Claim OD ☐ Claim Third Party ☒ Claim OD (TP) at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop: H C Auto P/L

Email address: hcanco@smnet.com.sg

Myself email: atomycl44@gmail.com

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

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

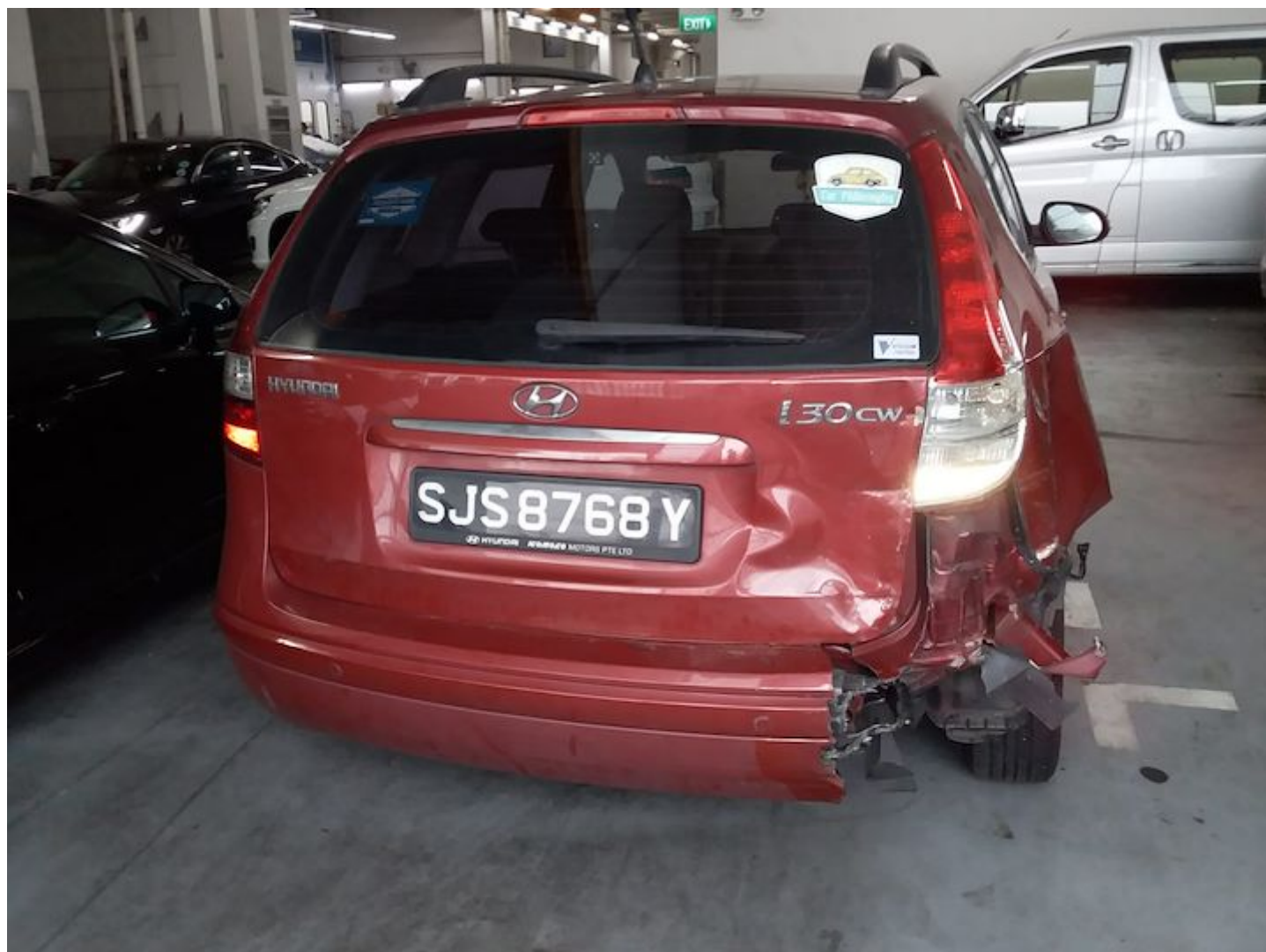


Policyholder's Signature / Date & Time

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

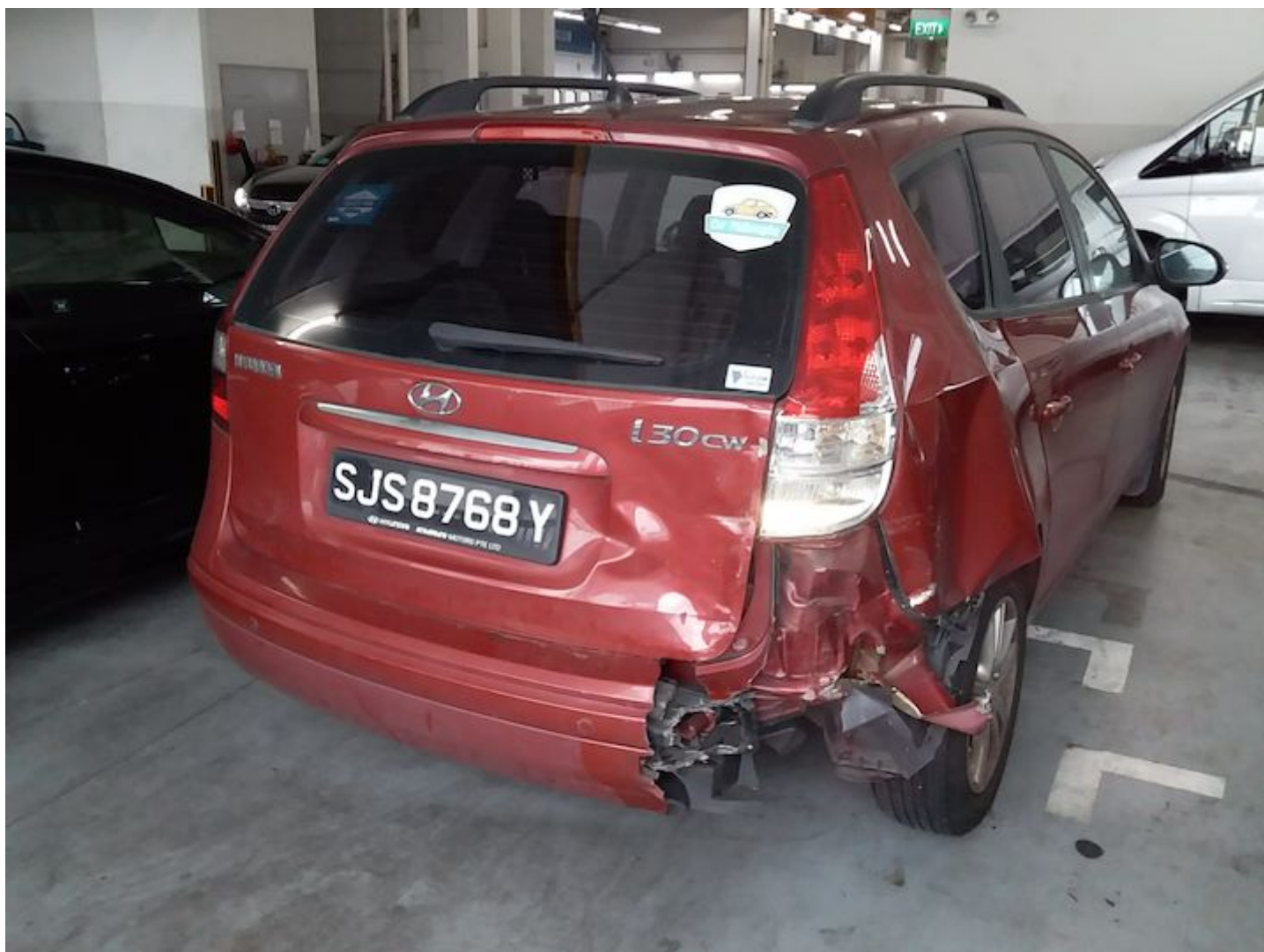


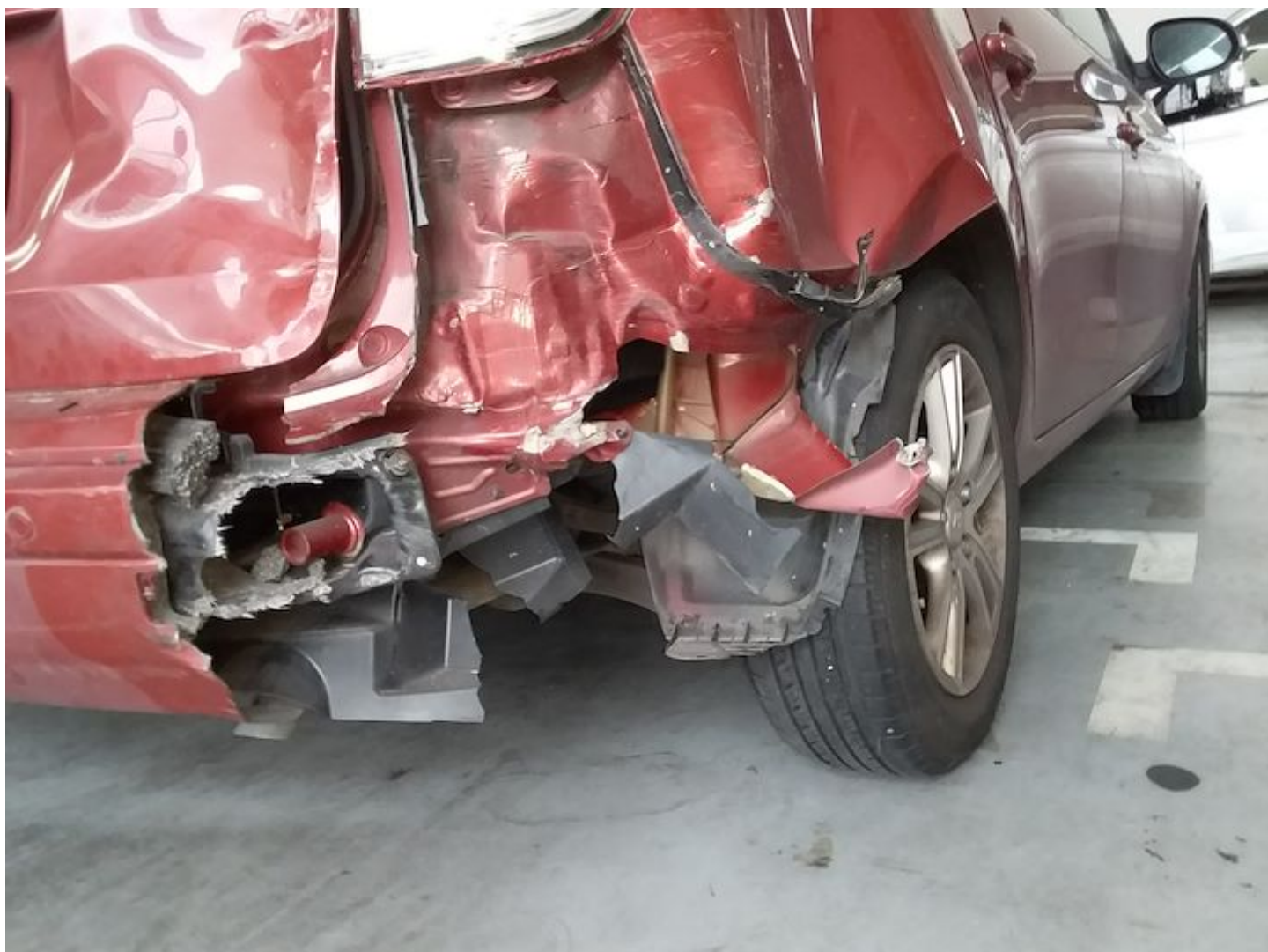
Witnessed by Reporting Centre Personnel









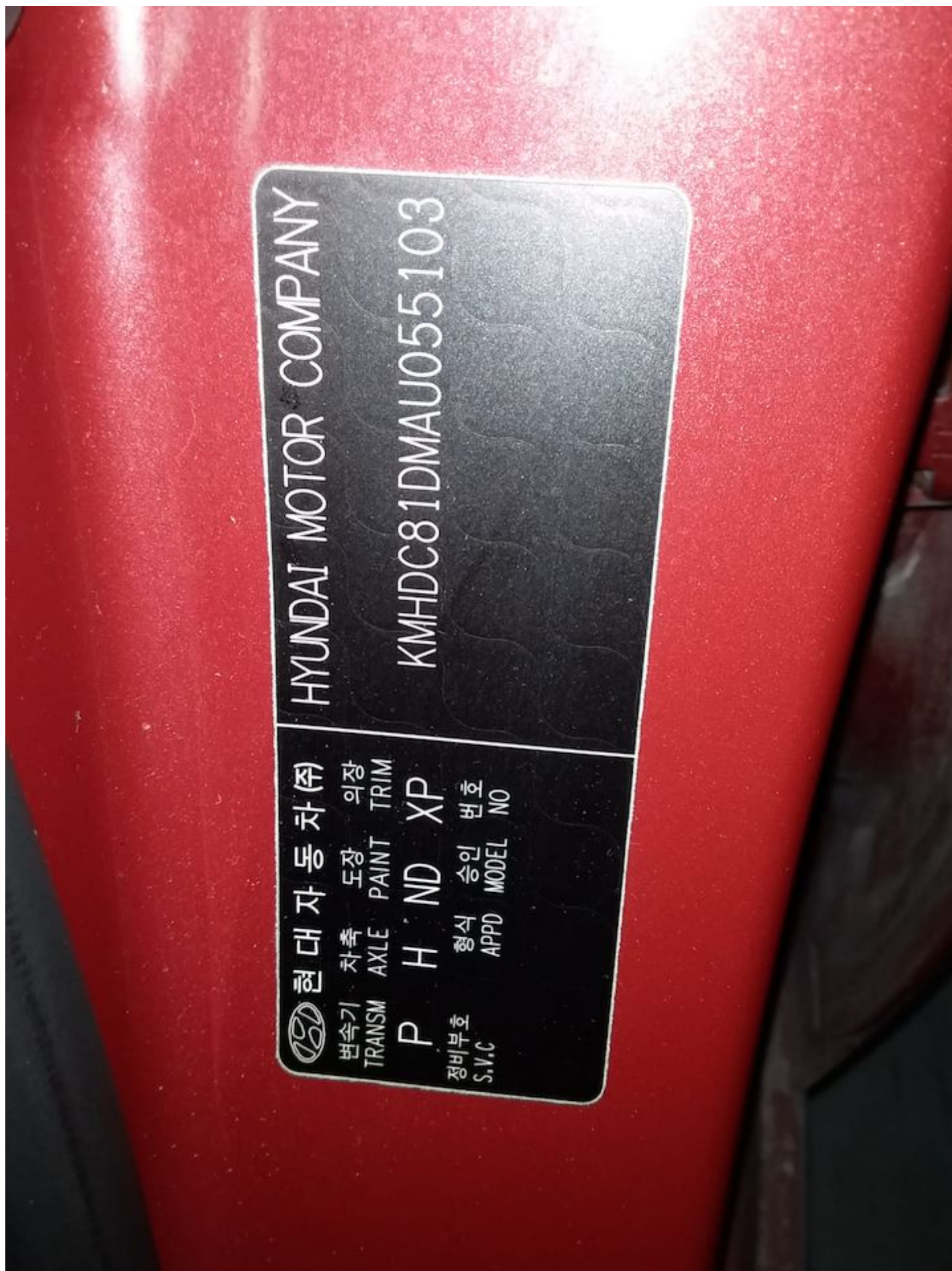
























**SINGAPORE
POLICE FORCE**



T/20211124/7025

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

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Report No. T/20211124/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2021 16:30		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUA CHEE BENG			Address: 530 SERANGOON NORTH AVENUE 4 #04-04 SINGAPORE 550530		
ID Type / ID No.: NRIC NO / S7133899A			Contact No.: Home/Office: Mobile: 82338844		
Nationality: SINGAPORE CITIZEN			Email: jasonchua032@gmail.com		
Sex: Male	Age: 50	Date of Birth: 28/09/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Chauffeur			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/11/2021 12:50	Type of Location: T-Junction
Location: SIMS AVENUE EAST				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJS8768Y	Car	HYUNDAI	i30	Red	Seriously Damaged	1
SLJ7990B	Car	HONDA	Vezel 1.5 (A) hybrid	Brown	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20211124/7025

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

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Report No. T/20211124/7025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS8768Y	NTUC Income Insurance Co-Operative Limited	5112765273-02-000004	18/09/2021	17/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHUA CHEE BENG		ID No.	S7133899A
Related Vehicle	SJS8768Y (Car)		Contact No.	82338844
Hospital/Clinic	POW FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	24/11/2021		Date	24/11/2021
No. of Days granted Medical Leave		03	Degree of	Serious
Driver				
Name	NEO HOCK KEONG ALBERT		ID No.	S7526335Z
Related Vehicle	SLJ7990B (Car)		Contact No.	90280667
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

On 23/11/2021 at about 1250 hrs, while i was driving my motor vehicle A (SJS8768Y) along Sims Ave East at the extreme left lane intend to make a left turn into Lor Marican. I slowed down my vehicle A before i turn into the junction, Suddenly i felt a very big impact from behind. The impact pushed my car to turn into the Lor Marican. Afterward i realised that was a motor vehicle B (SLJ7990B) hit onto the rear right potion of my vehicle A. when i wakeup in the next day morning (24/11/2021) i felt pain on my back and neck, so i go for medical checkup and get for 3 days MC. I'm lodging this report to claim against the insurer of SLJ7990B



**SINGAPORE
POLICE FORCE**

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



T/20211124/7025

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Report No. T/20211124/7025

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 /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
24/11/2021 16:30

Classification Of Case:

