

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 14/12/2021 17:28 (SGT)
Date of Accident 14/12/2021 12:17 (SGT)
Exact Location of Accident Singapore
Additional Location Information OUTSIDE BLK 299C BUKIT BATOK EAST AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV466T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NEO CHUN SIONG(LIANG JUNXIONG)
NRIC No SXXXX582D
Email Address siongneo808@gmail.com
Mobile Phone No (Phone) +65-82880808
Alternative Phone No +65-82880808

VEHICLE PARTICULARS

Manufacturer Mercedes
Model S450I
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 2996

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00214992100
Cover Note Number -

DRIVER

Name of Driver NEO CHUN SIONG(LIANG JUNXIONG)
NRIC No SXXXX582D

Date Of Birth	04/06/1979
Occupation	Indoor
Date Of Driving Pass	19/02/1999
Driving experience	22 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82880808
Alt. Phone Number	+65-82880808
Email Address	siongneo808@gmail.com
Address	BLK 339C KANG CHING RD
Address complement	#04-342
Postcode	613339
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 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 ATTACHED STATEMENT.

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

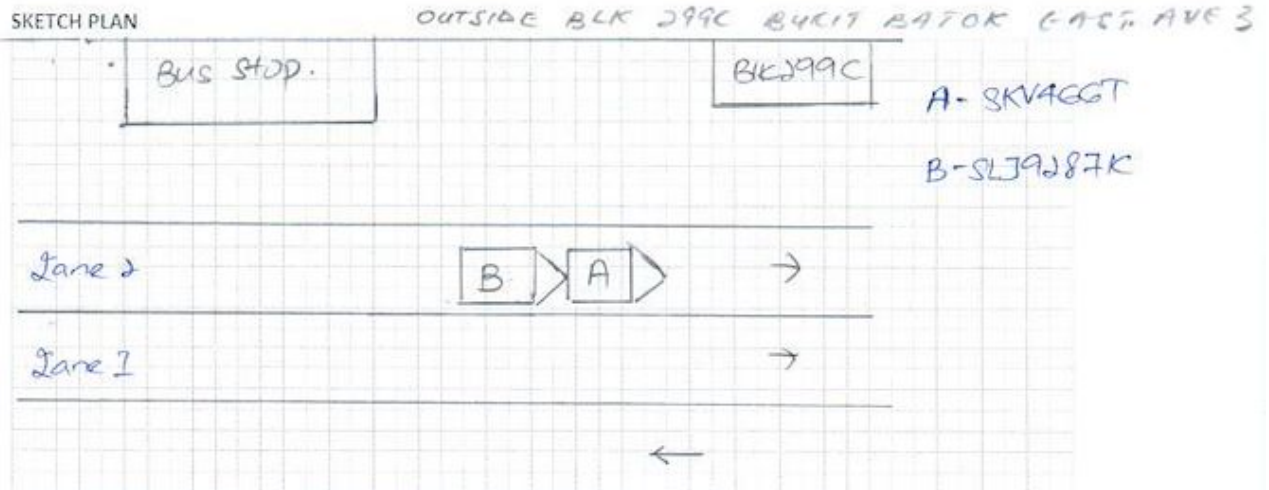
Vehicle Registration Number	SLJ9287K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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 CHUN SIONG(LIANG JUNXIONG)
Gender	Male
Phone No	(Phone) +65-82880808
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK, NECK AND SHOULDER PAIN.
Injured person in which vehicle?	SKV466T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 14/12/2021 AT ABOUT 1217HRS, I STOPPED MY VEHICLE

OUTSIDE BLK 299C BUKIT BATOK EAST AVENUE 3 AS THE

VEHICLE IN FRONT OF ME STOPPED HIS CAR TO ALIGHT

PASSENGER. MY VEHICLE WAS STATIONARY MORE THAN A

MINUTE. BEFORE I COULD MOVE OFF, VEHICLE B COLLIDED

ONTO THE REAR PORTION OF MY VEHICLE.

DECLARATION

I/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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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:

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

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



**SINGAPORE
POLICE FORCE**



T/20211215/7017

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

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Report No. T/20211215/7017

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKV466T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002149 92100	14/10/2021	11/09/2022
SLJ9287K	EQ INSURANCE COMPANY LTD			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NEO CHUN SIONG	ID No.	S7916582D
Related Vehicle	SKV466T (Car)	Contact No.	82880808
Hospital/Clinic	PREMIER HEALTHCARE CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/12/2021	Date	15/12/2021
No. of Days granted Medical Leave	07	Degree of	Slight
Driver			
Name	WU WEN YA	ID No.	S8560711A
Related Vehicle	SLJ9287K (Car)	Contact No.	81989963
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 14.12.2021 AT ABOUT 1217HRS, I STOPPED MY VEHICLE OUTSIDE BLK 299C BUKIT BATOK EAST AVENUE 3 AS THE VEHICLE IN FRONT OF ME STOPPED HIS CAR TO ALIGHT PASSENGER. MY VEHICLE WAS STATIONARY FOR MORE THAN A MINUTE. BEFORE I COULD MOVE OFF, SLJ9287K COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

NIGHT TIME AFTER THE ACCIDENT, I WAS WAKEN UP BY BACK, NECK AND SHOULDER PAIN. I SOUGHT MEDICAL ASSISTANCE IN THE MORNING ON 15.12.2021 AND WAS GIVEN 7 DAYS MC.



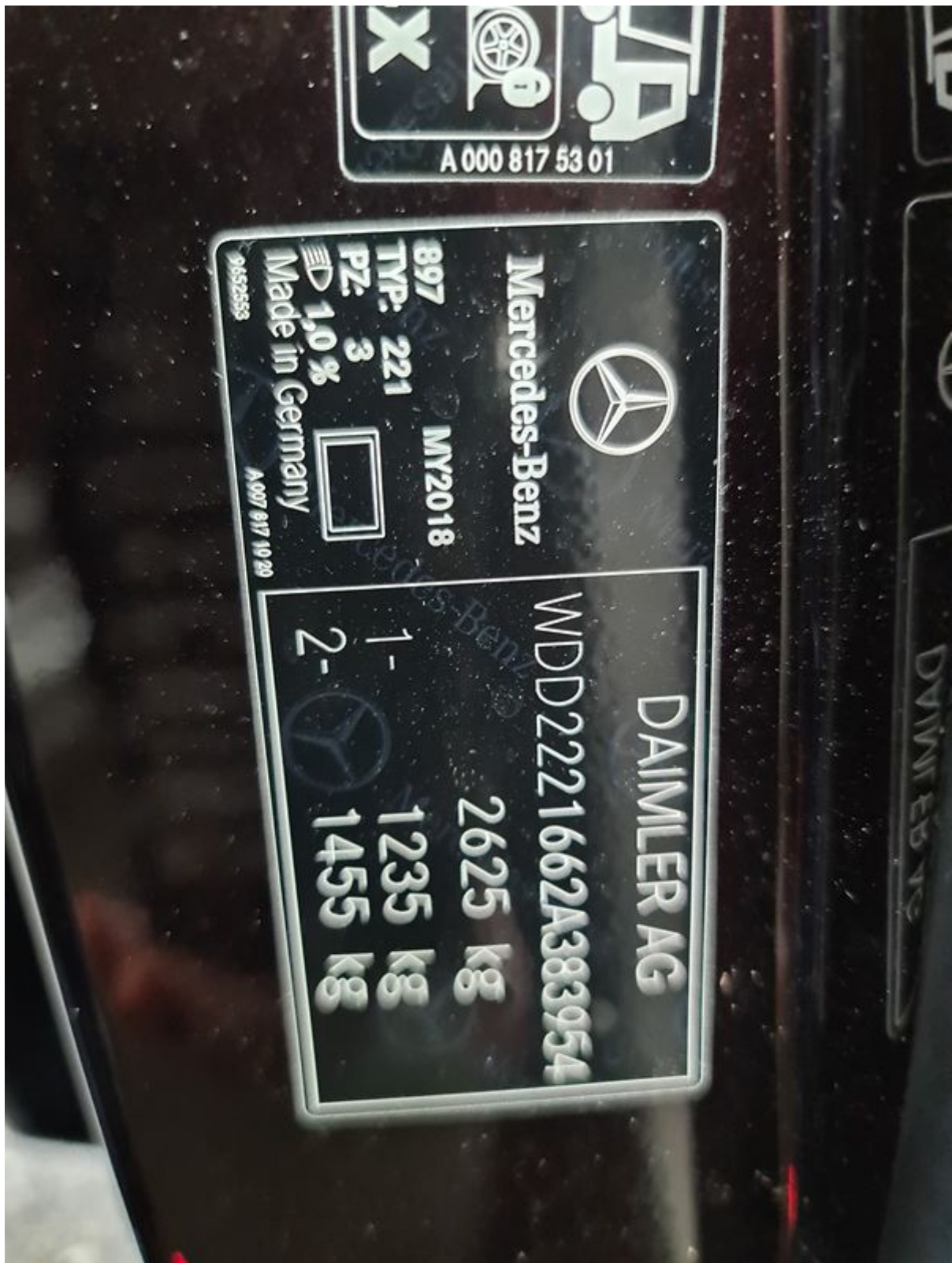
















**SINGAPORE
POLICE FORCE**



T/20211215/7017

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

1 of 4

Report No. T/20211215/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2021 13:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NEO CHUN SIONG			Address: 339C KANG CHING ROAD #04-342 SINGAPORE 613339		
ID Type / ID No.: NRIC NO / S7916582D			Contact No.: Home/Office: Mobile: 82880808		
Nationality: SINGAPORE CITIZEN			Email: SIONGNEO808@GMAIL.COM		
Sex: Male	Age: 42	Date of Birth: 04/06/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			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: 14/12/2021 12:20	Type of Location: Straight Road
Location: BUKIT BATOK EAST AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SKV466T	Car	MERCEDES BENZ	S450L (R19 LED)	Black		0
SLJ9287K	Car	NISSAN	ALMERA	Silver		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20211215/7017

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

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Report No. T/20211215/7017

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKV466T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002149 92100	14/10/2021	11/09/2022
SLJ9287K	EQ INSURANCE COMPANY LTD			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NEO CHUN SIONG		ID No.	S7916582D
Related Vehicle	SKV466T (Car)		Contact No.	82880808
Hospital/Clinic	PREMIER HEALTHCARE CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/12/2021		Date	15/12/2021
No. of Days granted Medical Leave		07	Degree of	Slight
Driver				
Name	WU WEN YA		ID No.	S8560711A
Related Vehicle	SLJ9287K (Car)		Contact No.	81989963
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 14.12.2021 AT ABOUT 1217HRS, I STOPPED MY VEHICLE OUTSIDE BLK 299C BUKIT BATOK EAST AVENUE 3 AS THE VEHICLE IN FRONT OF ME STOPPED HIS CAR TO ALIGHT PASSENGER. MY VEHICLE WAS STATIONARY FOR MORE THAN A MINUTE. BEFORE I COULD MOVE OFF, SLJ9287K COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

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T/20211215/7017

Police Station Of Origin:
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Report No. T/20211215/7017

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20211215/7017

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

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Report No. T/20211215/7017

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:
15/12/2021 13:55

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921CE0008 Vehicle Registration No: SKVAGGT
 Name (as shown in NRIC): Neo Chun Siong (Liang Junxiang) NRIC/FIN/Passport No: S7916582D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BK 339C Kang Ching Road #04-342 Singapore (G13339)
 Contact (Tel): — Mobile No.: 8288 0808
 Email Address: siongneo808@gmail.com
 Date of Accident: 14/12/2021 Time of Accident: 1217hrs
 Place of Accident: Outside BK 299C Bukit Batok East Ave 3 Main Road
 Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- 1) Driver is injured and is given 7 days MC.
- 2) Refer to police report attached. Police Report No: T/2021/215/7017.

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: Renee Sim
 NRIC/FIN No.:
 Date: 15/12/2021