

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 GlA 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	24/12/2021 14:44 (SGT)
Date of Accident	23/12/2021 14:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SCOTTS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX9846Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BRYAN CHRISTOPHER NGIAU CHEAN
Passport No/FIN	FXXXXX871R
Email Address	BRYAN-NGIAU@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97891967
Alternative Phone No	+65-97891967

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	5008
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1200

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01005595
Cover Note Number	-

DRIVER

Name of Driver	BRYAN CHRISTOPHER NGIAU CHEAN
Passport No/FIN	FXXXXX871R

Date Of Birth	17/05/1976
Occupation	Indoor
Date Of Driving Pass	28/07/1995
Driving experience	26 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97891967
Alt. Phone Number	+65-97891967
Email Address	BRYAN-NGIAU@HOTMAIL.COM
Address	71, JALAN TUA KONG #06-06
Address complement	-
Postcode	457265
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
Gender	Female

PASSENGER 3

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN

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	SHF193A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	GOH SHEW PENG
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	NGIAN CHEAN SHOONG BRYAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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' law yers/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, receipts or notices to me which would involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/postal 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' law yers/law firms may/are permitted to collect, use, disclose and/or process my Personal Information for the purpose(s) of (i) to (v) above.

(c) My Personal Information may/also be disclosed by any of the insurers and/or GIA to their third party service providers or agents including their law yers/law firms which may be sited outside of Singapore, for one or more of the Above Purposes.

CITY AUTO PTE LTD
 111, Sin Ming Road
 #01-01/02 Sin Ming Ind Bldg
 Singapore 575843
 Tel: 6453 1295 Fax: 6453 7944
 Claims Section

Policyholder's Signature / Date & Print

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

Witnessed by Recording Centre
 Date/Time

Sketch Plan

Describe Circumstances of the Accident

[illegible]

Declaration

We declare the following results to be true and hereby accept:

CITY AUTO PTE LTD
31 & 33 Macao Road
And #880/82 St. Macao Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

For-Holder's Signature: *[Signature]*

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

Approved by Reporting Officer
 [Signature]



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POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No 1800-2440000

Report No. G/20211224/7020

Date/Time Report Made 24/12/2021 12:11	Vide Report No.	Station Diary No.
Name Of Informant BRYAN CHRISTOPHER NGIAU CHEAN SHOONG	Address 71 JALAN TUA KONG #06-06 SINGAPORE 457265	
ID Type / ID No. FIN NO / F1072381R	Contact No. Home/Office:	Mobile: 97891967
Nationality MALAYSIAN	Email Address BRYAN_NGIAU@HOTMAIL.COM	
Occupation unemployed	Sex Male	Age 45
Institution/School Name	Date of Birth 17/05/1976	Race Chinese
Date/Time Of Incident 23/12/2021 14:06 - 23/12/2021 14:07	Language English	
Brief details.	Location Of Incident 1 SCOTTS ROAD	

Taxi SHF193A driven by Goh Shew Peng S6920885A was stopped in traffic in the 3rd lane and very suddenly pulled out in front of my car SLX9846Z driving on the 4th lane travelling about 40kmh in a reckless act causing an accident as I was unable to stop in time. My wife Sara Ngiau sustained a neck injury for which she received 5 days MC later that evening. My children Kyle sustained a minor injury to his face, and My daughter Kara in a baby seat was ok. I sustained injury to my right arm and neck. we all received painkillers from the doctor. Goh blamed the incident on me and said he will be making a report. My dash camera unfortunately malfunctioned and I do not have any footage of the incident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/12/2021 12:11
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Siglap NPP Kiosk

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**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20211224/7020

Subjects Involved			
Suspect			
Person Name	Goh shew peng		
ID No	S6920885A	Gender	Male
Age	50-60	Race	Chinese
Language	English	Occupation	Taxi driver
Build	Medium	Height About	165cm
Relation To Informant	taxi driver		
Victim			
Person Name	Sara Ngiau		
ID No	S8472603F	Gender	Female
Age	37	Occupation	Sales and related associate professional nec
Address	71 JALAN TUA KONG #06-06 PARK EAST SINGAPORE 457265	Mobile No	96850880
Relation To Informant	wife		
Person Name	Kyle Ngiau		
ID Type	OTHERS / SG Citizen Cert	ID No	T1104206B
Gender	Male	Age	10
Race	Chinese	Occupation	Student

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:

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

Signature Of Interpreter:
Not applicable

Date/Time:
24/12/2021 12:11

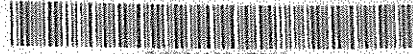
Officer In-Charge Of Case:

Classification Of Case:

This report is lodged at Siglap NPP Kiosk



SINGAPORE
POLICE FORCE



G/20211224/7020

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20211224/7020

Address	71 JALAN TUA KONG #06-06 PARK EAST SINGAPORE 457265	Mobile No	97891967
Relation To Informant	son		
Person Name	Kara Ngiau		
ID Type	OTHERS / SG citizen cert	ID No	T1528489C
Gender	Female	Age	6
Occupation	Student	Address	71 JALAN TUA KONG #06-06 PARK EAST SINGAPORE 457265
Mobile No	97891967	Relation To Informant	daughter
Person Name	BRYAN CHRISTOPHER NGIAU CHEAN SHOONG		
ID Type	FIN NO	ID No	F1072381R
Gender	Male	Age	45
Race	Chinese	Language	English
Occupation	unemployed	Address	71 JALAN TUA KONG #06-06 SINGAPORE 457265
Mobile No	97891967	Is Informant A Victim?	Yes
Person Name	BRYAN CHRISTOPHER NGIAU CHEAN SHOONG (Informant)		

Signature Of Officer Recording The Report.
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
24/12/2021 12:11

Classification Of Case:

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