SC1R21CO0008 / City Auto Pte Ltd ENTRY DATE & TIME: 24/12/2021 14:44 (SGT) SUBMITTED BY: Jason Quak VERSION: 1 (24/12/2021 14:44 (SGT))



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 witholding of material facts may allow insurance companies to repudiate

- 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

24/12/2021 14:44 (SGT) 23/12/2021 14:10 (SGT) Singapore SCOTTS ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLX9846Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Passport No/FIN **Email Address**

Mobile Phone No Alternative Phone No No

BRYAN CHRISTOPHER NGIAU CHEAN

FXXXXX871R

BRYAN-NGIAU@HOTMAIL.COM

(Phone) +65-97891967

+65-97891967

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category Transmission

CC

Peugeot 5008

Yes Private car Auto

1200

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Comprehensive No

D21MTPV01005595

Name of Driver Passport No/FIN

BRYAN CHRISTOPHER NGIAU CHEAN FXXXXX871R

Sompo Insurance Singapore Pte. Ltd.



Date Of Birth 17/05/1976 Occupation Indoor Date Of Driving Pass 28/07/1995 Driving experience 26 YEARS AND 5 MONTHS Gender 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? Νo Number of vehicles involved in the accident 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? Was there any video captured by Car Camera? Was there any audio recorded?

Yes

No

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 -

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

IMPORTANT NOTICE

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- 2. This form on at he completed by the Followholder andler the Authorised Driver.
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- 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 ledgement of this report to the incurers, you hereby consent to the archiving of this report at the conne and to explain of this report being made available aforesaid.
- 6. Consent under the Personal Data Protection Act (PDFA)

fundersland, asknowledge, agree and consent that :

- (s) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may are permitted to defect, use, disclose another 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 chicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident shall be corect, by referred to use one importers in the insurer saw three, this incoming Administry of compared and any relevant governance agency/buttoorky (such as the police), for the purpose(s) of
- If processing, handling and/or dealing with my blains including the settlement of the claims and any necessary investigations relating to the blaims:
- in) investigating the accident and/or my claims;
- (F) carrying out and/or dealing with ny natrochone or responding to any enquries by we
- w) administering my claims (including the making of correspondence, statements, invoces, regards or notices as in which world invoce disclosure of certain personal data about ne to bring about delivery of the same as with as on the externation or in revelopes in all nackages; and/or
- v) complying with applicable law in admirálleting, processing, reading angier dealing with my thems
- colectively his "Perposes":
- (b) 35 devicte) who have insured vehicle(s) involved in this accidence by the bearers havy restaud the conjugated to object too desired in the restaurance of the conjugated conjugated to object.
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 CONTAUTO PTE LTD.

CRY AUTOPTE LTD

#F 8 Sh Ming Road

#F 16 NO 82 Sh Ming Road

#F 16 NO 82 Sh Ming Road

#F 16 NO 84 Sh Ming Road

#F 16 NO 84 Sh Ming Road

Cloums Section

Prioghomers Signification Date A

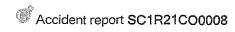
Driver's Significate (# driver is not the possibilities) / tief-& Time Manessed by Reporting Chatre

Sketch Plan



SKETCH PLAN #2

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POLICE REPORT (NP299)

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



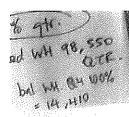
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Report No. G/20211224/7020

Date/Time Report Made 24/12/2021 12:11	Vide Re	port No.		Station Diary No.		
Name Of Informant BRYAN CHRISTOPHER NGIAU CHEAN SHOONG ID Type / ID No.	Address 71 JALA	the second second	NG #06-06 SINGAPORE 457265			
FIN NO / F1072381R	Contact No. Home/Office:		Mobile:	and the second s		
Nationality			97891967	967		
MALAYSIAN Occupation	Email Address BRYAN NGIAU@HOTMAIL COM					
unemployed	Sex	Age	Date of Birth	Race		
Institution/School Name	Male	45	<u> 17/05/1976</u>	Cninese		
Date/Time Of Incident	Languag English	e				
23/12/2021 14:06 - 23/12/2021 14:07 Brief details:	Location 1 SCOT					

Taxi SHF193A driven by Goh Shew Peng S6920885A was stopped in traffic in the 3rd land 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 recieved 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 recieved 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		. A.	Date/Time: 24/12/2021 12:11	
Officer In-Charge Of Case:			Classification Of Case	
This report is lodged at Siglap NPP	Kinsk			







POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20211224/7020

Subjects Involve Suspect	d		
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	taxi driver		
Informant			
Victim			
Person Name	Sara Ngiau		
D No	S8472603F	Gender	Female
Age	[37]	Occupation	Sales and related associate
			professional nec
\ddress	71 JALAN TUA KONG #06-06	Mobile No	96650880
	PARK EAST SINGAPORE		
	457265		
Relation To	wife		and the second second
nformant			WE STREET THE STREET
поппан			
^p erson Name	Kyle Ngiau	religing Michigan States	
D Type	OTHERS / SG Citizen Cert	ID No	T1104206B
Sender	Male	Age	10
lace	Chinese	Occupation	Student

Signature Of Officer Recording The Report:	Signature Of Informant.
Not applicable	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 Klosk	





POLICE REPORT (NP299) CONTINUATION OF REPORT

Report No. G/20211224/7020

Address	71 JALAN TUA KONG #06-06	Mobile No	97891967	
	PARK EAST SINGAPORE			
	457265			
Relation To	son			
nformant				
Person Name	Kara Ngiau			
D 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	daughler	
		informant		
A SECURITY OF SECURITY	2000) 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -			
Person Name	BRYAN CHRISTOPHER NGIA	U CHEAN SHOOM	G	
ID Type	FIN NO	ID No	F1072381R	
Gender	Male	Age	45	
Race	Chinese	Language	English	
Occupation	unemployed	Address	71 JALAN TUA KONG #06-06	
Occupation			SINGAPORE 457265	
Mobile No	97891967	Is Informant A	Yes	
		Victim?		
S Ness	BRYAN CHRISTOPHER NGI	AU CHEAN SHOOL	VG (Informant)	
Person Name				
	The Deport	Signatu	ure Of Informant:	
Signature Of Of Not applicable	ficer Recording The Report:	The identity of the person making this report has been authenticated by Singpa No signature is required.		
Signature Of In	terpreter:	Date/T 24/12/	Date/Time: 24/12/2021 12:11	
		Classi	fication Of Case	
Officer In-Char	ge Of Case:			
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This report is K	odged at Siglap NPP Kiosk			