

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	08/03/2022 17:42 (SGT)
Date of Accident	07/03/2022 17:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CTE TWDS CITY NEAR BRADDELL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ6037Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ONEST LEASING PTE LTD
Company Reg No	2XXXXX843R
Email Address	neoneo8777@gmail.com
Mobile Phone No	(Phone) +65-84890969
Alternative Phone No	+65-84890969

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00003712200
Cover Note Number	-

DRIVER

Name of Driver	NEO CHIANG CHIEW
NRIC No	SXXXX540B

Date Of Birth	08/07/1977
Occupation	Outdoor
Date Of Driving Pass	28/06/2002
Driving experience	19 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97931306
Alt. Phone Number	-
Email Address	neoneo8777@gmail.com
Address	BLK 222A SUMANG LANE
Address complement	#10-225
Postcode	821222
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	MISS HANA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:E/20220307/7039

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	SLJ2598J
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 CHIANG CHIEW
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMJ6037Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MISS HANA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMJ6037Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.



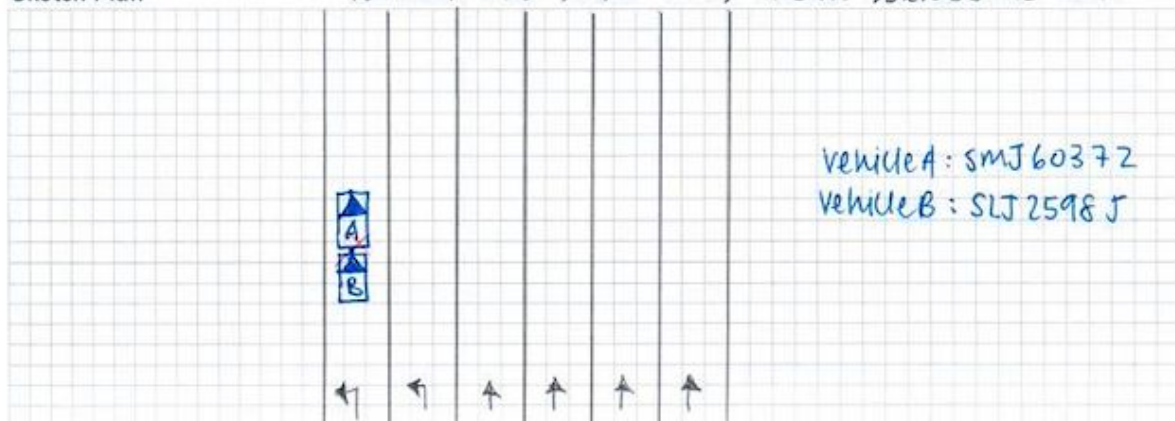
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

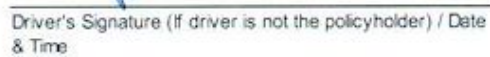
Sketch Plan

ALONG CTE TOWNS CITY NEAR BRASSELL EXIT



Declaration

Policyholder's Signature / Date &
Time



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**SINGAPORE
POLICE FORCE**



E/20220307/7039

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POLICE REPORT (NP299)

Report No. E/20220307/7039

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 07/03/2022 19:37	Vide Report No.	Station Diary No.
Name Of Informant NEO CHIANG CHIEW	Address 222A SUMANG LANE #10-225 SINGAPORE 821222	
ID Type / ID No. NRIC NO / S7718540B	Contact No. Home/Office:	Mobile: 97931306
Nationality SINGAPORE CITIZEN	Email Address neoneo8777@gmail.com	
Occupation Private Hire Driver	Sex Female	Age 44
Institution/School Name	Date of Birth 08/07/1977	Race Chinese
Date/Time Of Incident 07/03/2022 17:40	Location Of Incident CENTRAL EXPRESSWAY	

Brief details.

On the stated date and time, I was driving my vehicle SMJ6037Z along CTE with 1 female passenger, Miss Hanna, on board.

My vehicle was stationary while waiting for vehicles in front to move off when suddenly, a massive impact slammed into the rear of my vehicle causing my vehicle to surge forward.

As I was completely caught off guard, my body lurched forward only to be restrained by my seat belt. However, I still knocked my knee against the dashboard as a result.

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: 07/03/2022 19:37
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20220307/7039

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220307/7039

Upon alighting, I realised that SLJ2598J had hit onto my vehicle's rear, leaving it badly damaged.

After the accident, I started feeling soreness over my neck, shoulders, ribcage, lower back and right ankle areas on top of the pain over my knee.

As such, I proceeded to my family doctor, Pow Family Clinic & Surgery, on the way home from the accident location for treatment and was given 5 days MC.

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