

# 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 ..... 14/04/2022 11:54 (SGT)  
Date of Accident ..... 13/04/2022 08:25 (SGT)  
Exact Location of Accident ..... Bedok North Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJY6312K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NEO GUEK WU  
NRIC No ..... SXXXX186J  
Email Address ..... guekwu@hotmail.com  
Mobile Phone No ..... (Phone) +65-90118996  
Alternative Phone No ..... +65-90118996

### VEHICLE PARTICULARS

Manufacturer ..... Volvo  
Model ..... S80  
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 ..... 2500

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00163162104  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NEO GUEK WU  
NRIC No ..... SXXXX186J

Date Of Birth .....	28/04/1972
Occupation .....	Indoor
Date Of Driving Pass .....	09/01/1995
Driving experience .....	27 YEARS AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90118996
Alt. Phone Number .....	+65-90118996
Email Address .....	guekwu@hotmail.com
Address .....	BLK 291C COMPASSVALE ST
Address complement .....	#11-260
Postcode .....	543291
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 .....	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) .....	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 POLICE REPORT:T/20220414/7000

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJS7435P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	TABRANI BIN MAHMUD
NRIC No .....	SXXXX054B
Contact Number .....	(Phone) +65-82922735
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	NAFISAH BTE T MOHAMAD
Gender .....	Female

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	NEO GUEK WU
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SJY6312K
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

BEAK NORTH ROAD

A= SJY6312K

B= SJS7435 P



Refer to Police Report No = T / 20220414 / 7000

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

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20220414/7000

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

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Report No. T/20220414/7000

**CONTINUATION OF REPORT**

Brief Details.

Traffic is heavy. I am driving my vehicle(SJY6312K ) travelling on middle lane on Bedok North Road towards Bedok.

My vehicle stops and maintains a safe distance while waiting the front vehicles to move forward.

Suddenly, I heard a loud bang and heavy slam force from the back pushing my body to jerk forward to hit the front steering .

When I got down from my vehicle, I saw SJS7435P - saloon car 's brand -KIA with Head facing on my vehicle's rear.

My vehicle's rear has severe damages with signs from collided onto by SJS7435P.

My vehicle is on middle lane on Bedok North Road towards Bedok when incident occurs.

( Before Kaki Bukit Road 5's traffic light)

I have the video recording from my car camera.

































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T/20220414/7000

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10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220414/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/04/2022 02:55		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NEO GUEK WU			Address: 291C COMPASSVALE STREET #11-260 SINGAPORE 543291		
ID Type / ID No.: NRIC NO / S7215186J			Contact No.: Home/Office: Mobile: 90118996		
Nationality: SINGAPORE CITIZEN			Email: guekwu@hotmail.com		
Sex: Female	Age: 49	Date of Birth: 28/04/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/04/2022 08:25	Type of Location: Straight Road
Location:  BEDOK NORTH ROAD				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Head on Rear of Stopped Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SJS7435P	Car	KIA	Saloon	Brown		2
SJY6312K	Car	VOLVO	S80	Black		1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





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T/20220414/7000

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Report No. T/20220414/7000

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY6312K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW00163162104	20/09/2021	19/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	TABRANI BIN MAHMUD	ID No.	S0072054B	
Related Vehicle	SJS7435P (Car)	Contact No.	82922735	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Passenger				
Name	NAFISAH BTE T MOHAMAD	ID No.	S0046898C	
Related Vehicle	SJS7435P (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	NEO GUEK WU	ID No.	S7215186J	
Related Vehicle	SJY6312K (Car)	Contact No.	90118996	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	13/04/2022	Date	NIL	
No. of Days granted Medical Leave	05	Degree of	Slight	





**SINGAPORE  
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Report No. T/20220414/7000

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T/20220414/7000

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Report No. T/20220414/7000

**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:

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

Date/Time:  
14/04/2022 02:55

Classification Of Case:

NP168