# **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 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.

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   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 04/05/2022 17:00 (SGT) Date of Accident 01/05/2022 13:00 (SGT) Exact Location of Accident Eunos Link, Singapore Additional Location Information ALONG PIE TOWARDS CHANGI Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMF3474R

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **NEO SHI HAO** NRIC No. SXXXX934B Email Address METEOR327@MSN.COM Mobile Phone No (Phone) +65-85776302 Alternative Phone No +65-85776302

## VEHICLE PARTICULARS

Manufacturer Toyota Model C-hr Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1797

## **INSURANCE COMPANY**

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number MP001479 Cover Note Number

# DRIVER

Name of Driver **NEO SHI HAO** NRIC No. SXXXX934B

Date Of Birth 11/10/1990 Occupation Outdoor Date Of Driving Pass 08/06/2010 Driving experience 11 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-85776302 Alt. Phone Number +65-85776302 Email Address METEOR327@MSN.COM Address BLK 132 CHOA CHU KANG AVENUE 1 Address complement #05-06 Postcode 680132 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20220502/7026. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBH2522G** Vehicle Manufacturer Nissan Vehicle Model

Commercial vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

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  Gender  Phone No  Address	NEO SHI HAO Male (Phone) +65-85776302
Address Complement Post Code	- -
Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	- SLIGHT SME3474R
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	Yes No

#### SKETCH PLAN

### IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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. 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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, 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' law yers/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 law yers/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	EUNOS LINK	
		A!SME3474B
		B: GBH25226
	B A	Euras Link.

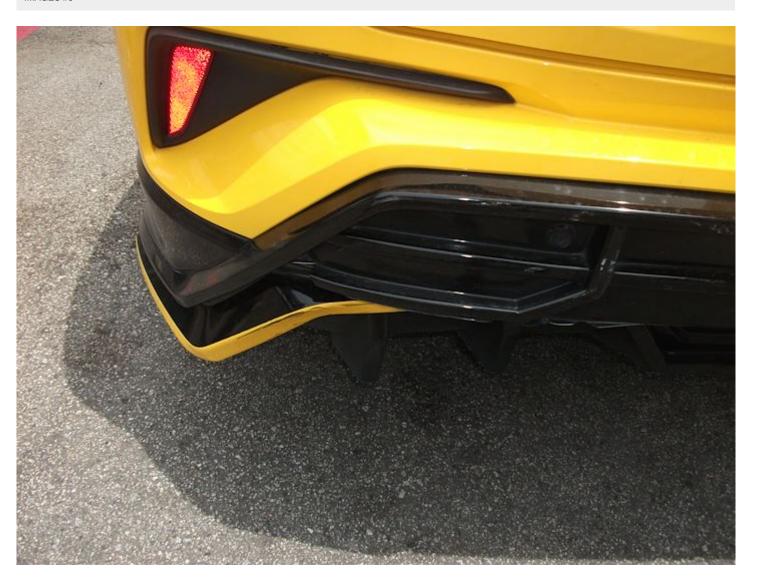
WASI	RAVELLING A	LONG EUNOS LINK, VEHICLE IN	FRONT OF MY SLOWED DOWN
REFER	TO ATTACKE	LOWED SUIT. SUDDENLY, VEHICO POLICE REPORT: T/20220	CLE B REAR-ENDED MY VEHICLE
	TO HITHCHE	TOUSCE REPORT . 1/20020	500/ 1006.
		4	
11			
claratio	n		
destan			
		ars are true in every respect.	
u wish to it be mad	claim against your o	vn policy, please be advised that your insurer may timeframe from the day of occurrence, Kindly che	have a fourteen (14) days clause whereby the clock with your insurer for more details.
	St.	54.	Q 04/05/22

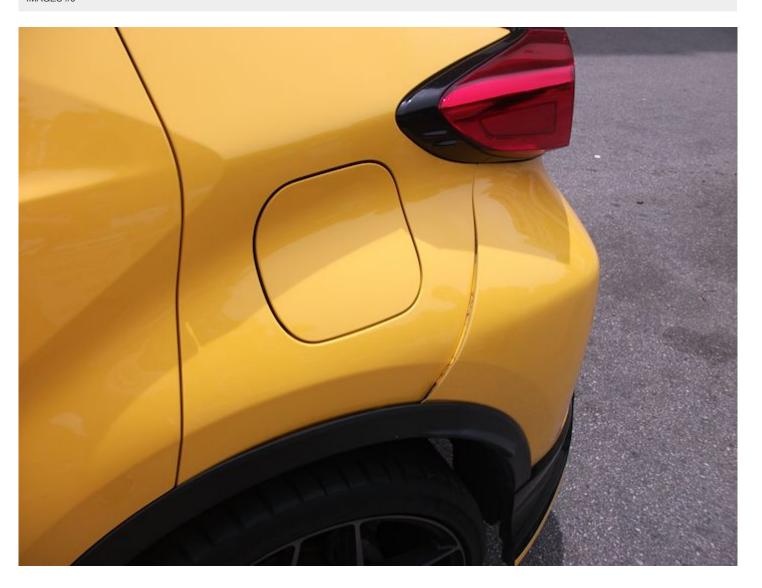




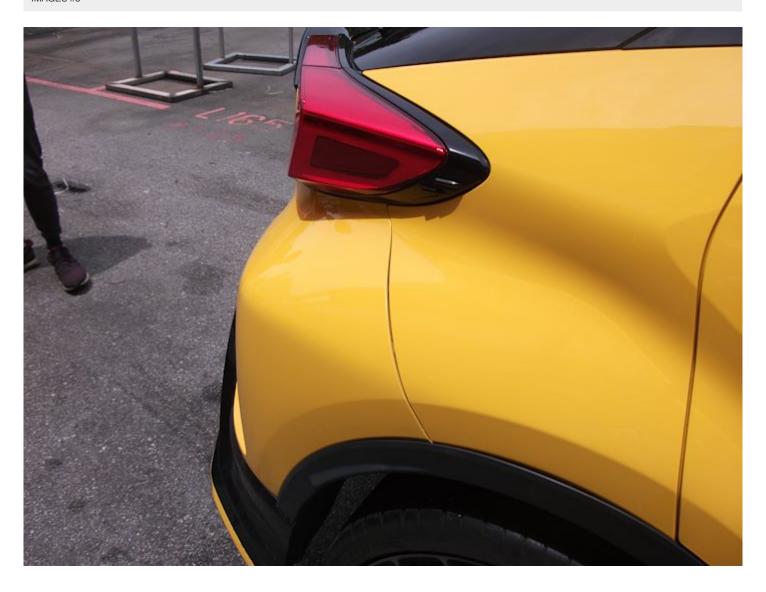




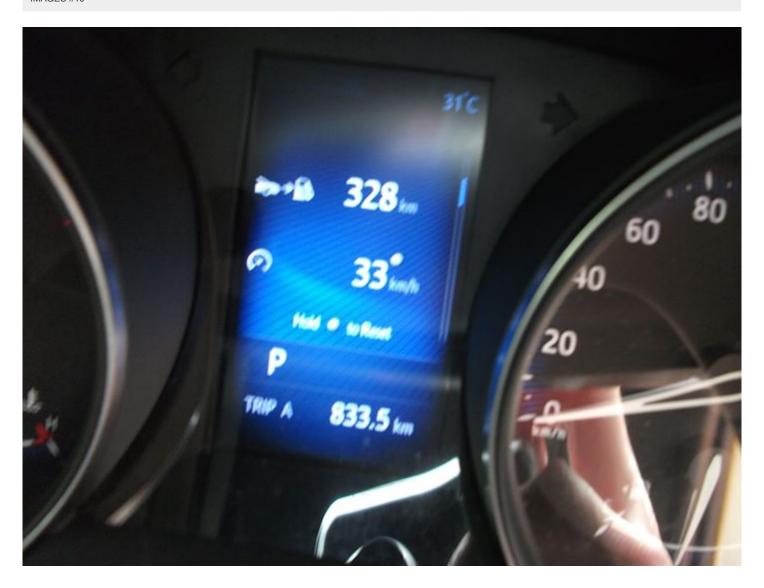


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20220502/7026

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2022 19:39		Made:	Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars				
NEO SH	ALL CONTROL OF THE PARTY OF THE		Address: 132 CHOA CHU KANG AVENUE 1 #05-06 SINGAPO 680132			
ID Type NRIC N	/ ID No.: D / S90369	34B	Contact No.: Home/Office:	Mobile: 85776302		
National SINGAP	ity: ORE CITIZ	ΈΝ	Email: METEOR327@MSN.COM	11100110. 00770002		
Sex: Male	Age: 31	Date of Birth: 11/10/1990	Type of Informant:			
Race: Chinese			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class: 3	Date of Expiry: 08/06/2070		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/05/2022 13:00	Type of Location Straight Road
Location: EUNOS LINK				
Weather:		Road Surface:	P	
		Dry		oad Speed Limit:
Clear Traffic Flow: One Way	400-		90 Ti	oad Speed Limit: 0 Km/h raffic Volume: eavy

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBH2522G	Van	NISSAN	van	Silver	No Damage	0
SME3474R	Car	ТОУОТА	CHR 1.8	Yellow	Slightly Damaged	1

Details of Vehicle Insurance				
Insurance No	Effective	Expiry Date		
	Insurance No	Insurance No Effective		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220502/7026

# CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME3474R	TOKIO MARINE INSURANCE SINGAPORE LTD.	Mp001479	01/04/2022	31/03/2023

<b>Details of Perso</b>	n Involved				Visit P)	
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pedestrian Crossing: NA			
Passenger		To the same			2	
Name	Unknown Passenger			ID No	).	NIL
Related Vehicle	SME3474R (Car)			Conta	act No.	NIL
Hospital/Clinic	NIL			Class Drivir Licen Expir	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	Degree of	of	NIL			
Driver		THE NAME OF	NAME OF THE	The same	MERCH IN	
Name	NEO SHI HAO			ID No	).	S9036934B
Related Vehicle	SME3474R (Car)				act No.	85776302
Hospital/Clinic	CENTRAL 24-HR CLINIC (CLEMENTI)				of g ce &	Class: 3 Date of Expiry: 08/06/2070
Date	02/05/2022		Date		02/05	/2022
No. of Days gran	ted Medical Leave	03	Degree o	Degree of Slight		

### Brief Details

I was travelling along PIE towards Changi and i was hit it the rear by another vehicles.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220502/7026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 02/05/2022 19:39
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168

