

# 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 ..... 06/05/2022 15:00 (SGT)  
Date of Accident ..... 06/05/2022 08:39 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... TOWARDS CITY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD2376L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PRIME CAR RENTAL & TAXI SERVICES PTE LTD  
Company Reg No ..... 1XXXXX293Z  
Email Address ..... peiyee@primeautoclaims.com  
Mobile Phone No ..... (Phone) +65-68982000  
Alternative Phone No ..... (Office) +65-68610908

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
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? ..... No - Claiming third party  
Vehicle Category ..... Taxi  
Transmission ..... Auto  
CC ..... 1497

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... D20MFL0006372\_01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NEO HOCK SING  
NRIC No ..... SXXXX772J

Date Of Birth .....	10/11/1962
Occupation .....	Outdoor
Date Of Driving Pass .....	12/06/2009
Driving experience .....	12 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90931328
Alt. Phone Number .....	-
Email Address .....	peiye@primeautoclaims.com
Address .....	BLK 268C BOON LAY DRIVE #13-556 SINGAPORE
Address complement .....	-
Postcode .....	643268
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED STATEMENT & POLICE REPORT NO. T/20220506/2062

#### 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 .....	VIDEO SIZE IS TOO LARGE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMQ6038J
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TOO HWEE MIN, VIVIAN
NRIC No .....	SXXXX194D
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SFS4000C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ONG LENG HENG
NRIC No .....	SXXXX425B
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 HOCK SING
Gender .....	Male
Phone No .....	(Phone) +65-90931328
Address .....	BLK 268C BOON LAY DRIVE #13-556 SINGAPORE
Address Complement .....	-
Post Code .....	643268
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK PAIN & BACKACHE
Injured person in which vehicle? .....	SHD2376L
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	MRS. AISHAH (PASSENGER)
Gender .....	Female
Phone No .....	(Phone) +65-87486489
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHD2376L
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.
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.
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**

↑	↑	↑	↑				
				A	CTE	A	SHD 2376L
				B		B	SmQ 6038J
				C		C	SFS 4000C

**Describe Circumstances of the Accident**

On 06.05.2022 @ 0839 hrs, I was driving my taxi SHD2376L along CTE on Lane 1 towards City. While travelling, front vehicle SBP9698U stopped in a sudden, I also slowed down and stopped my taxi. While stationary, one car SMQ6038J rear-ended into my stationary taxi rear portion.

After the accident, we alighted from our vehicles to check on the damages. I noticed it was a chain collision, 1<sup>st</sup> being my taxi, 2<sup>nd</sup> vehicle being SMQ6038J, last vehicle being SFS4000C in the chain. We exchanged particulars driving license only. After this accident, I felt my neck pain and backache so I will consult doctor if pain persisted. My female passenger claimed that she will consult doctor too.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

6/5/22 11-29am

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

Witnessed by Reporting Centre Personnel


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



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Report No: T/20220506/2062

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
06/05/2022 15:49

Vide Report No.:

Station Diary No.:  
110

**Informant's Particulars**

Name of Informant: NEO HOCK SING		Address: APT BLK 268C BOON LAY DRIVE #13-556 SINGAPORE 643268	
ID Type / ID No.: NRIC NO / S1559772J		Contact No.: Home/Office: Mobile: 90931328	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 10/11/1962	Type of Informant: Driver
Race: Chinese		Language: Mandarin	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2022 08:40	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

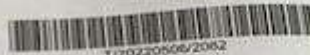
**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFS4000C	Car					2
SHD2376L	Car				Seriously Damaged	1
SMQ6038J	Car					0



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



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Report No. T/20220506/2062

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Ong Leng Heng	ID No.	S1613425B
Related Vehicle	SFS4000C (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	NEO HOCK SING	ID No.	S1559772J
Related Vehicle	SHD2376L (Car)	Contact No.	90931328
Hospital/Clinic	FAMILY CARE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Too Hwee Min Vivian	ID No.	S9906194D
Related Vehicle	SMQ6038J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL


**Brief Details.**

On 06/05/2022 at about 0839hrs, I was driving my company vehicle (Prime Taxi, SHD2376L) along CTE towards AYE after Yio Chu Kang between Ang Mo Kio Avenue 5 at the first lane from the right. I saw a vehicle in front of me coming to a stop, hence I stopped my vehicle. Subsequently two to three seconds later, a vehicle (SMQ6038J) collided to my rear and another vehicle (SFS4000C) collided to the car behind me. I waited for a few seconds before alighting and exchanged particulars with both the drivers and checked that none of them were injured. Subsequently at about 10am, I felt pain in my neck and back area and went to Family Care Clinic and received 3 days of MC. I have a CCTV Footage of the incident.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



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Report No. T/20220506/2062

CONTINUATION OF REPORT

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**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



T/20220506/2002

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Report No: T/20220506/2002

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J /  
Other LOO LE HAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/05/2022 15:49

Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168