# **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.

  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 14/05/2022 10:40 (SGT) Date of Accident 13/05/2022 16:00 (SGT) Exact Location of Accident Singapore Additional Location Information PIE(CHANGI) NEAR TOA PAYOH EXIT Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Private use

Private car

No - Claiming third party

Vehicle Registration Number SI M166U

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner **NEO CHEE HOON** NRIC No. S9245844Z

Email Address TERINNEO 81@HOTMAIL.COM

Mobile Phone No (Phone) +65-98895082

Alternative Phone No +65-98895082

VEHICLE PARTICULARS

Manufacturer Mercedes Model Cla180

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

Auto CC 1600

**INSURANCE COMPANY** 

Name of Insurance Company NTUC Income Insurance Co-operative Ltd

Type of Coverage Comprehensive

Fleet Policy

Policy Number 5124312915

Cover Note Number 03/11/2021 - 02/11/2022

DRIVER

Name of Driver KELVIN OH QIAO MING NRIC No. S9032466G

Date Of Birth 15/09/1990 Occupation Indoor Date Of Driving Pass 14/08/2017 Driving experience 4 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-91739485 Alt. Phone Number Email Address KELVINOH86@GMAIL.COM Address BLK 4 CHOA CHU KANG GROVE #05-10 Address complement Postcode 688239 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο 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? 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN 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 **MULTIPLE FILES** Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSLD957BVehicle ManufacturerHondaVehicle ModelVezelVehicle Variant-Vehicle Colour-

Vehicle Category Private car Name of Driver RACHEL MIANZI LUA NRIC No S9724712I Contact Number (Phone) +65-97767026 Address Address complement Postcode Insurance Company Name Nature Of Damage FRONT PORTION Details of property damaged in accident No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHA2666R Vehicle Manufacturer Tovota Vehicle Model Prius Vehicle Variant Vehicle Colour Blue Vehicle Category Taxi Name of Driver WONG KOK JONG NRIC No S1145784C Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage **REAR PORTION** Details of property damaged in accident No. Of Passenger (Including Driver) PASSENGER 1 Name **PASSENGER** Gender Male

# **INJURED PERSONS DETAILS**

#### INJURED 1

Name of injured person KELVIN OH QIAO MING Gender Male Phone No (Phone) +65-91739485 Address BLK 4 CHOA CHU KANG GROVE #05-10 Address Complement Post Code 688239 Approximate Age Years Old Injuries Sustained **NECK TO HEAD** Injured person in which vehicle? SLM166U Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

NTUC Income Motor	Service Centre	5	2)
Report No: MT/	D.O.A:	1_	

Vehicle No:	STW1990	٨
Make / Model: _	M/Bert.	

Report Date:	14 5 2022	Start Time: 10:02 AM
Reporting Type:	TP	_ End Time:/_

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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)

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' lawvers/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.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonable required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, law or court orders.

14/5/2022 10:01

Policyholder's Signature

14/5/2022 10:01

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

Reporting Centre Personnel's Signature

Name: Chen JunLiang NRIC/ Fin No: S990765

Date & Time:

SKETCH PLAN					
<b>←</b>	W.	1 ZW			
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←					
-					
			AR TOA PAYOH E		
Vehicle A: SLM166U	Vehicle B: S	SLD957B	Vehicle C: SHA266	6R	
	J L				
TO REFER TO ATTACHED	POLICE REPORT				
DESI 40471011					

# DECLARATION

I/We declare the foregoing particulars are true in every respect.

14/5/2022 10:01

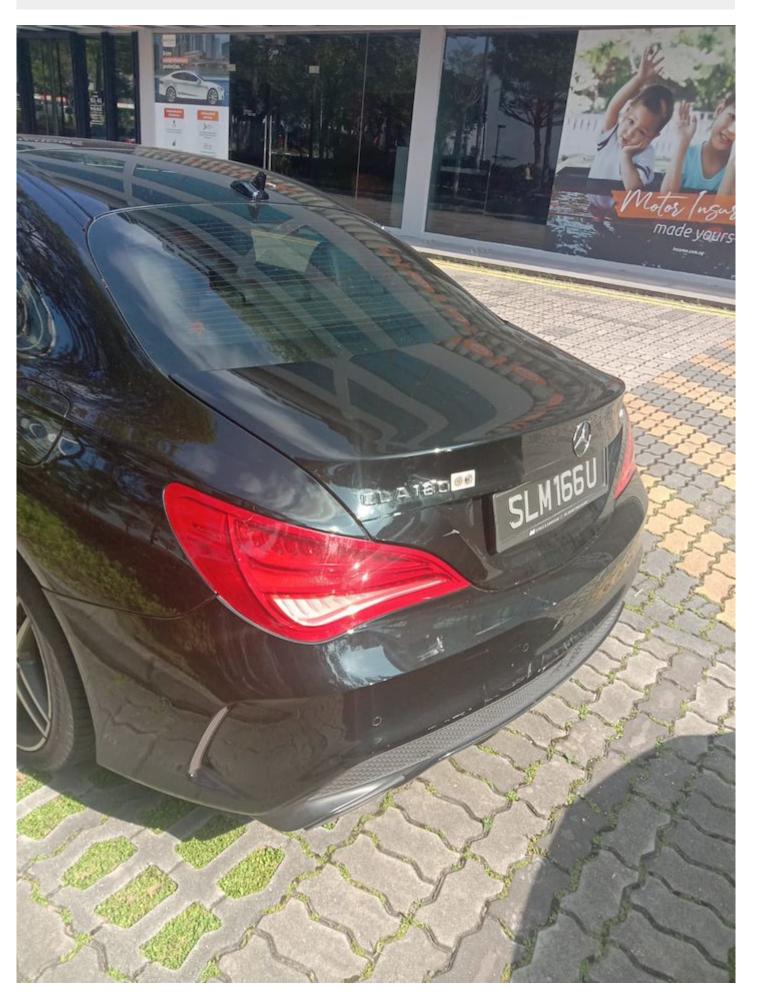
Policyholder's Signature Date & Time:

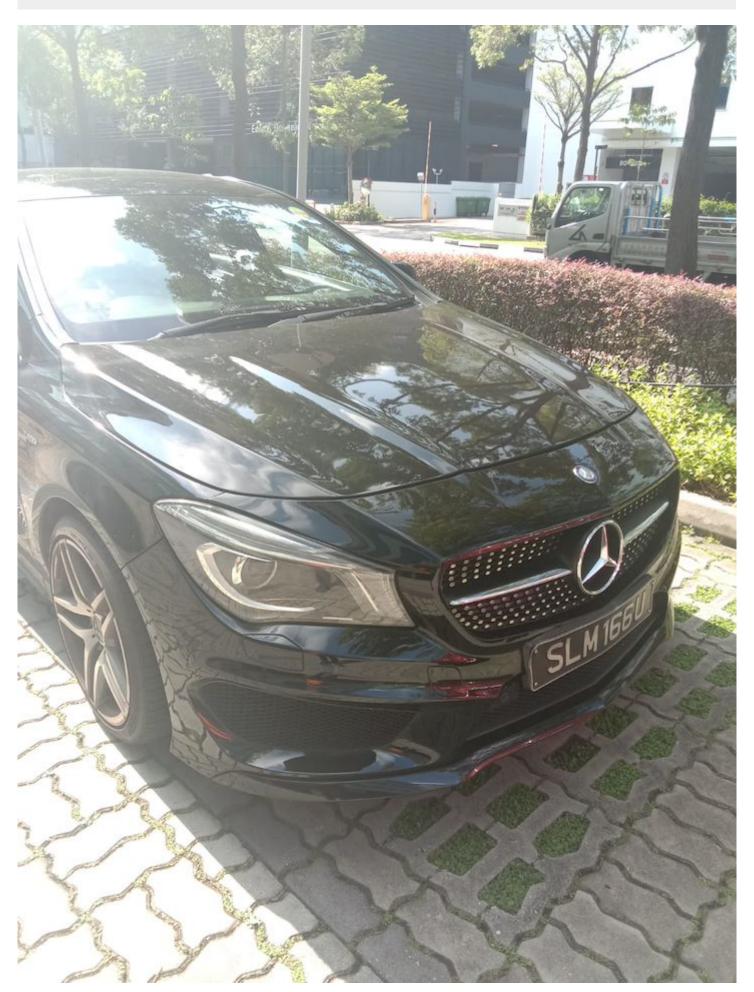
14/5/2022 10:01

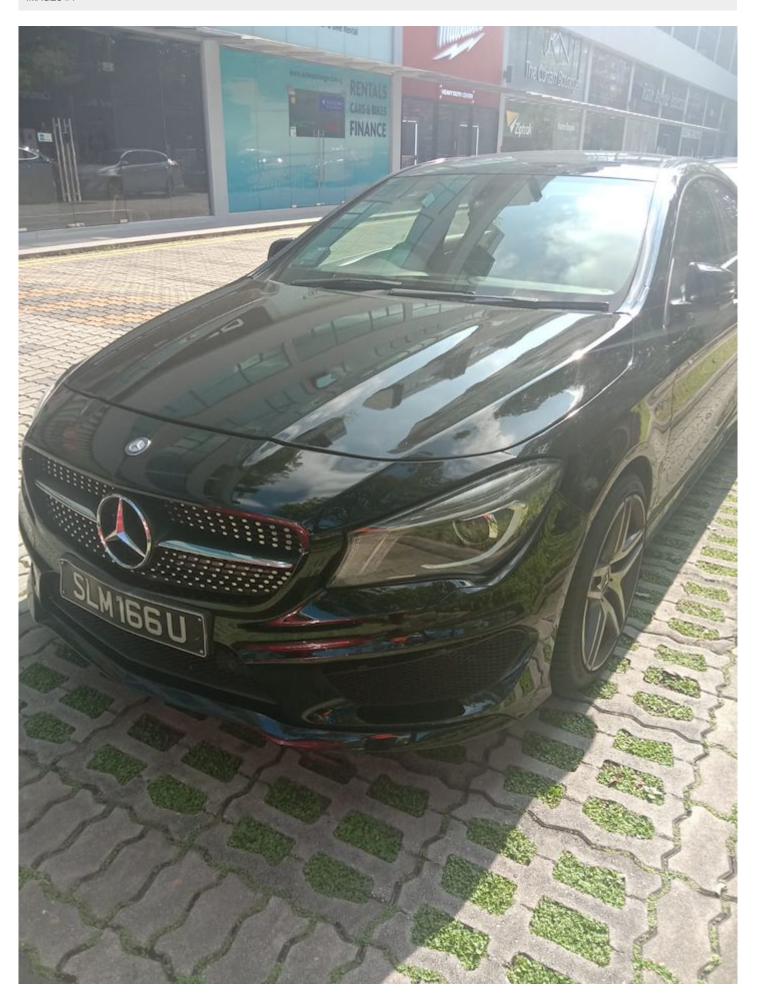
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: Chen JunLiang NRIC/ Fin No: S990765

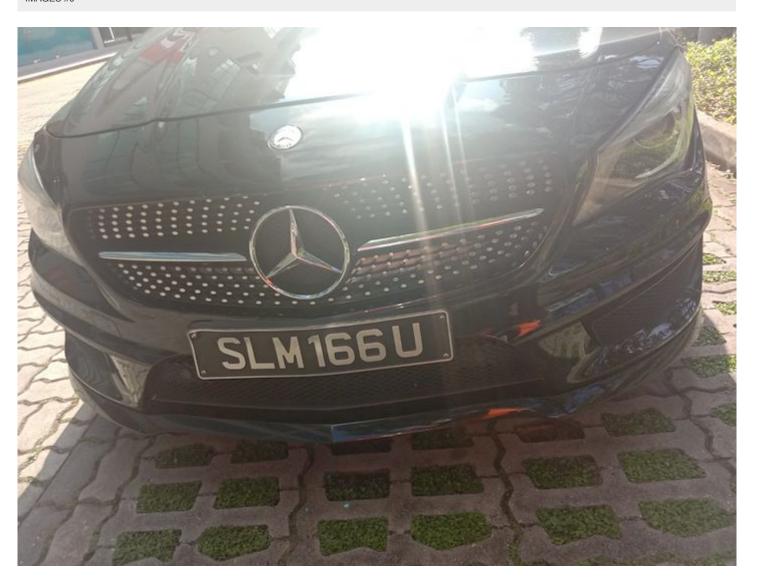
















1 of 4 Report No. T/20220514/7010

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2022 10:29		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	25	
Name of Informant: KELVIN OH QIAO MING		Address: 4 CHOA CHU KANG GROVE #05-10 SINGAPORE 688239		
	D Type / ID No.: NRIC NO / S9032466G		Contact No.: Home/Office:	Mobile: 91739485
National SINGAP	ty: ORE CITIZ	EN	Email: KELVINOH86@GMAIL.	сом
Sex: Age: Date of Birth: Male 31 15/09/1990		Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Wealth banker		Driving Licence Information: Class: Date of Expiry:		

	12,120,120,110	231931157	450 YORK STANKEN STANKED	22/07/08/01/2020/09/09/09/09/09/09/09/09/09/09/09/09/09
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/05/2022 18:00	Type of Location: Straight Road
Location: PAN ISLAND	EXPRESSWAY			
Weather:		Road Surface:		Road Speed Limit:
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
100000000000000000000000000000000000000		5/24/30		A STATE OF THE PARTY OF THE PAR

Details of V	ehicle Invo	lved			- 20	300
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA2666R	Car			Blue		1
SLD957B	Car		3	Grey		0
SLM166U	Car			+	-	0





2 of 4 Report No. T/20220514/7010

## CONTINUATION OF REPORT

Details of Perso	n Involved						
Any Pedestrian I	nvolved: No						
No. of Pedestrian	s Injured: NIL		Use of Pe	of Pedestrian Crossing: NA			
Driver	***					200	
Name	WONG KOK JONG			ID No.		NIL	
Related Vehicle	SHA2666R (Car)			Contact No.		NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
	ted Medical Leave	NIL	Degree o	of	NIL		
Driver		- 22	200	F14 /2			
Name	RACHEL MIANZI LUA			ID No.		NIL	
Related Vehicle	SLD957B (Car)			Conta	ct No.	97767026	
Hospital/Clinic	NIL			Class Driving Licence Expiry	g se &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL			
	ted Medical Leave	NIL	Degree o	100			
Driver		126	- 20	- W			
Name	KELVIN OH QIAO MING			ID No.		S9032466G	
Related Vehicle	SLM166U (Car)			Contact No.		91739485	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Driving Licence Expiry	g e &	Class: NIL Date of Expiry: NIL	
Date	13/05/2022	200-100	Date		NIL		
No. of Days gran	ted Medical Leave	05	Degree o	of	Slight	t	

Brief Details.

Driving on the right lane
First car(Taxi)Stop
Sec Car(My car) Stop
Third car never Stop and colide onto my car





3 of 4 Report No. T/20220514/7010

CONTINUATION OF REPORT





4 of 4 Report No. T/20220514/7010

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: 14/05/2022 10:29
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 85478438	Classification Of Case: