

# 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 .....              | 14/05/2022 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

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | SLM166U |
|-----------------------------------|---------|

### 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 .....           | 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 .....   | 1600                      |

### INSURANCE COMPANY

|                                 |  |
|---------------------------------|--|
| Name of Insurance Company ..... | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage .....          | Comprehensive                          |
| Fleet Policy .....              | No                                     |
| 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 .....   | Male                             |
| 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? .....                              | No                               |
| 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 .....   | 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) .....   | 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

#### 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? .....                     | No             |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | SLD957B |
| Vehicle Manufacturer .....        | Honda   |
| Vehicle Model .....               | Vezel   |
| Vehicle 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) .....     | 1                    |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |               |
|---|---------------|
| Vehicle Registration Number .....             | SHA2666R      |
| Vehicle Manufacturer .....                    | Toyota        |
| 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) .....     | 2             |

#### 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  
 Report No: MT/\_\_\_\_\_  
 D.O.A: 13/5/22  
 Vehicle No: SLM166U  
 Make / Model: M1 Benz  
 Report Date: 14/5/2022 Start Time: 10:02 AM  
 Reporting Type: TP End Time: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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.
- (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.

  
 Policyholder's Signature  
 Date & Time: 14/5/2022 10:01

  
 Driver's Signature (If driver is not the policyholder)  
 Date & Time: 14/5/2022 10:01

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

SKETCH PLAN




PIE(CHANGI) NEAR TOA PAYOH EXIT

|                    |                    |                     |
|--------------------|--------------------|---------------------|
| Vehicle A: SLM166U | Vehicle B: SLD957B | Vehicle C: SHA2666R |
|                    |                    |                     |

TO REFER TO ATTACHED POLICE REPORT

DECLARATION

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

|  |  |   |
|--|--|---|
| <br>14/5/2022 10:01<br><hr/> Policyholder's Signature<br>Date & Time: | <br>14/5/2022 10:01<br><hr/> Driver's Signature (If driver is not the policyholder)<br>Date & Time: | <br><hr/> Reporting Centre Personnel's Signature<br>Name: Chen JunLiang<br>NRIC/ Fin No: S990765 |
|--|--|---|





























**SINGAPORE  
POLICE FORCE**



T/20220514/7010

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

1 of 4  
Report No. T/20220514/7010

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>14/05/2022 10:29 |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                    |                            |
| Name of Informant:<br>KELVIN OH QIAO MING  |            |                              | Address:<br>4 CHOA CHU KANG GROVE #05-10 SINGAPORE 688239 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S9032466G   |            |                              | Contact No.:<br>Home/Office: Mobile: 91739485             |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>KELVINOH86@GMAIL.COM                            |                    |                            |
| Sex:<br>Male                               | Age:<br>31 | Date of Birth:<br>15/09/1990 | Type of Informant:<br>Driver                              |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English                                      |                    | Institution / School Name: |
| Occupation:<br>Wealth banker               |            |                              | Driving Licence Information:<br>Class:                    |                    | Date of Expiry:            |

|  |                  |                                    |  |                                     |
|--|------------------|------------------------------------|--|-------------------------------------|
| <b>General Information of the Accident</b>                   |                  |                                    |  |                                     |
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>13/05/2022 18:00 | Type of Location:<br>Straight Road  |
| Location:<br><br>PAN ISLAND EXPRESSWAY                       |                  |                                    |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |  | Road Speed Limit:<br>80 Km/h        |
| Traffic Flow:<br>Two Way                                     |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |  | Anyone conveyed by ambulance:<br>No |

| Details of Vehicle Involved |      |      |       |       |          |       |
|-----------------------------|------|------|-------|-------|----------|-------|
| Vehicle No.                 | Type | Make | Model | Color | Conditio | No of |
| SHA2668R                    | Car  |      |       | Blue  |          | 1     |
| SLD957B                     | Car  |      |       | Grey  |          | 0     |
| SLM166U                     | Car  |      |       |       |          | 0     |



**SINGAPORE  
POLICE FORCE**



T/20220514/7010

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

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Report No. T/20220514/7010

**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                              | WONG KOK JONG           | ID No.                            | NIL                               |
| Related Vehicle                   | SHA266R (Car)           | Contact No.                       | NIL                               |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                     | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of                         | NIL                               |
| <b>Driver</b>                     |                         |                                   |                                   |
| Name                              | RACHEL MIANZI LUA       | ID No.                            | NIL                               |
| Related Vehicle                   | SLD957B (Car)           | Contact No.                       | 97767026                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                     | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of                         | NIL                               |
| <b>Driver</b>                     |                         |                                   |                                   |
| Name                              | KELVIN OH QIAO MING     | ID No.                            | S8032486G                         |
| Related Vehicle                   | SLM166U (Car)           | Contact No.                       | 91739485                          |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | 13/05/2022              | Date                              | NIL                               |
| No. of Days granted Medical Leave | 05                      | Degree of                         | Slight                            |

**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



**SINGAPORE  
POLICE FORCE**



T/20220514/7010

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Report No. T/20220514/7010

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

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20220514/7010

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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 Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
TAY CHUN KEEN  
Contact No.: 65476436

NP168

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

Date/Time:  
14/05/2022 10:29

Classification Of Case: