

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	01/07/2022 14:46 (SGT)
Reported by	Both
Date of Accident	30/06/2022 18:45 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE1969G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO THIAM HENG
NRIC No	SXXXX267H
Email Address	liangtianxing@icloud.com
Mobile Phone No	(Phone) +65-82187931
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2487

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP001627

DRIVER

Name of Driver	NEO THIAM HENG
NRIC No	SXXXX267H
Date Of Birth	01/02/1974
Occupation	Indoor

Date Of Driving Pass	18/10/1996
Driving experience	25 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82187931
Alt. Phone Number	-
Email Address	liangtianxing@icloud.com
Address	19 BEDOK RESERVOIR VIEW
Address complement	#04-03
Postcode	478935
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220630/2105

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	SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE7537Y
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	WONG
Contact Number	(Phone) +65-81683773
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	SKC9749T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LYNN LEE SOCK GEK
NRIC No	SXXXX192J
Contact Number	(Phone) +65-96208943
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 3

Vehicle Registration Number	GBH4116H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN CHEE TIONG
NRIC No	SXXXX356H
Contact Number	(Phone) +65-97953984
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	WONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FBE7537Y
Were seat belts worn?	No

Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

VEHICLE NO: SNE 1969G.
DATE OF ACCIDENT: 30 June 2022

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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.

x 

Policyholder's Signature / Date & Time

x 

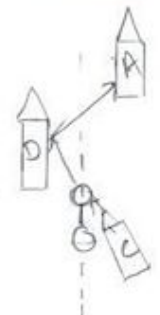
Driver's Signature (If driver is not the policyholder) / Date & Time

ROSALINDA BINTI A. WANAB

Witnessed by Reporting Centre
Personnel 01/07/22

Sketch Plan

YISHUN AVE 2

<p>A - SNE 1969G B - FBE 7537Y C - SKC 9749T D - GBH 4116M</p>	
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Describe Circumstances of the Accident VEHICLE NO: SNE1969G

DATE OF ACCIDENT: 30 June 2022

Please Refer to Police Report Attached.

REPORTING ONLY () OWN DAMAGE () THIRD PARTY ☒ OWN WORKSHOP ☒

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

X 

Policyholder's Signature / Date & Time

X 

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

ROSLINDA BINTE A-WAHAB

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220630/2105

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No. 1800-363 9999

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Report No. T/20220630/2105

CONTINUATION OF REPORT

Driver			
Name	LYNN LEE SOCK GEK		ID No. S7308192J
Related Vehicle	SKC9749T (Car)		Contact No. 96208943
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
Driver			
Name	NEO THIAM HENG		ID No. S7404267H
Related Vehicle	SNE1969G (Car)		Contact No. 82187931
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 30/06/2022 at about 1845hrs I was driving my personal vehicle (SNE1969G) along Yishun Ave 2 heading towards Northpoint.

At that current time I was driving along the right most lane. As the traffic ahead turned green, all of the vehicles were accelerating forward and all of a sudden I felt an impact on my left side of the vehicle. I then stopped and realized that 01 motorcyclist (FBE7537Y) had collided with my vehicle.

All of a sudden a driver from (GBH4116H) came from the front and he informed that he was also involved in the said accident. I was informed that 01 Singaporean driver (SKC9749T) from my rear had inch forward and tried to lane change to the left. That's when the said motorcyclist had collided onto her vehicle and which he flung to the left side and hit onto the van (GBH4116H) on the second lane from the right and after which flung to the right and hit onto my vehicle.

Ambulance and TP came to the scene. The motorcyclist was conveyed via Ambulance due to the injuries he sustained.

TP also took my SD card for my in-car cam. No one else was injured and no government property was damaged.

Due to the accident, my vehicle had some damages (left side passenger door and left rear bumper portion)

Under IO Siva























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T/20220630/2105

1 of 5

Report No: T/20220630/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2022 22:34	Vide Report No.:	Station Diary No.: 130
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Informant's Particulars

Name of Informant: NEO THIAM HENG	Address: 19 BEDOK RESERVOIR VIEW #04-03 SINGAPORE 478935		
ID Type / ID No.: NRIC NO / S7404267H	Contact No.: Home/Office: Mobile: 82187931		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 48	Date of Birth: 01/02/1974	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: LOGISTIC	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/06/2022 18:45	Type of Location: Straight Road
Location: YISHUN AVENUE 2				
Lamp Post Number: 31				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE7537Y	Motorcycle	YAMAHA	FZ150I		Seriously Damaged	0
GBH4116H	Van	TOYOTA	HIACE VAN TURBO 5DR M		Slightly Damaged	1
SKC9749T	Car	MERCEDES BENZ	C 180 KOMPRESS OR		Slightly Damaged	0



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Report No. T/20220630/2105

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNE1969G	Car	TOYOTA	CAMRY 4-DOOR SEDAN (AUTO) 2.5	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNE1969G	TOKIO MARINE INSURANCE SINGAPORE LTD.	MP001627	09/04/2022	08/04/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG	ID No.	NIL
Related Vehicle	FBE7537Y (Motorcycle)	Contact No.	81683773
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	Serious
Driver			
Name	TAN CHEE TIONG	ID No.	S7961356H
Related Vehicle	GBH4116H (Van)	Contact No.	97953984
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



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T/20220630/2105

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Report No. T/20220630/2105

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:
L /
SGT 3 MUHAMMAD
NASRULLAH BIN KAMSANI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/06/2022 22:34

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT ABDUL RAHIM BIN SALIM
Contact No.: 65476433

Classification Of Case:

NP168



SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: 4/20220630/0101

I, SSS TI00104 HA08
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of TP
(Address, Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 ONE THINKWARE 32 GB MICRO SD CARD

2
3
4
5
6
7
8
9
10

from Nico Thiam Heng, 37404267H
(Name, NRIC or Passport No. / Rank and No.)
of SNG 1969G
(Address / Police Station / NPC / NPP)
on 30.06.2022 at 1955 HRS
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

(Signature)

(Signature)

(Name, NRIC or Passport No. / Rank and No.)

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: IO SHIVASURIA TEL: 6547 6356