

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	05/07/2022 13:25 (SGT)
Reported by	Both
Date of Accident	04/07/2022 10:55 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	towards AYE before Balestier exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML7522Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	U & G Car Leasing
Company Reg No	53324477C
Email Address	hyms@live.com.sg
Mobile Phone No	(Phone) +65-83336725
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	M0016857

DRIVER

Name of Driver	Neo Wee Tat (Liang Weida)
NRIC No	S7734786J
Date Of Birth	20/11/1977
Occupation	Outdoor

Date Of Driving Pass	03/01/1997
Driving experience	25 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98314971
Alt. Phone Number	-
Email Address	hymys@live.com.sg
Address	101 Rivervale Walk #10-40
Address complement	-
Postcode	540101
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	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	2
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	Grab passenger
Gender	Male

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

Please refer to the sketch plan/police report no: T/20220704/7055.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL4238T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Venkatachalam Ramesh
Passport No/FIN	G2888349N
Contact Number	(Phone) +65-89352856
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 Wee Tat (Liang Weida)
Gender	Male
Phone No	(Phone) +65-89314971
Address	101 Rivervale Walk #10-40
Address Complement	-
Post Code	540101
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SML7522Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN

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3. 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)

Sketch Plan - 5 JUL 2022

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

- 5 JUL 2022

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Jenny Lim

THE TOWARDS AVE before Boastier Road

Vehicle A - SMJ 75254

Vehicle B - GBL 42387

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SKETCH PLAN #2

Describe Circumstance of the Accident

Please refer to sketch plan page 1

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

Pre-incident Signature / Date & Time

- 5 JUL 2022

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

- 5 JUL 2022

Witnessed by Reporting Centre Personnel
(Name as in AIR-C ID card)

Jenny Lim
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**SINGAPORE
POLICE FORCE**



T/20220704/7055

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

1 of 3

Report No. T/20220704/7055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2022 19:49	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NEO WEE TAT			Address: 101 RIVERVALE WALK #10-40 SINGAPORE 540101		
ID Type / ID No.: NRIC NO / S7734786J			Contact No.: Home/Office: Mobile: 98314971		
Nationality: SINGAPORE CITIZEN			Email: neowt36@gmail.com		
Sex: Male	Age: 44	Date of Birth: 20/11/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self employed			Driving Licence information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2022 10:55	Type of Location:
Location: CENTRAL EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SML7522Y	Car					1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220704/7055

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

2 of 3

Report No: T/20220704/7055

CONTINUATION OF REPORT

Driver Name	NEO WEE TAT	ID No.	S7734786J
Related Vehicle	SML7522Y (Car)	Contact No.	98314971
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I was ferrying a male passenger on board vehicle SML7522Y. I was travelling straight on the stated venue.
As the vehicle in front stopped I gradually follow suit.
Suddenly vehicle GBL4238T came from behind and hit onto my vehicle's rear portion.
The impact was great and it causes my left knee to hit onto the dashboard.
After a while I start to feel pain on my neck, shoulders and lower back areas.
Later I proceeded to Pow Family Clinic and Surgery to seek treatment and I was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20220704/7055

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

3 of 3

Report No. T/20220704/7055

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 / TP18 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant.

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

Date/Time:
04/07/2022 19:49

Classification Of Case:

NP168