SN09227R0007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 27/07/2022 16:13 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (27/07/2022 16:13 (SGT))

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.

- 4. The issue and acceptance of this is form by instrained 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 27/07/2022 16:13 (SGT) Reported by Date of Accident 24/07/2022 14:05 (SGT) Exact Location of Accident Queen St. Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU3171S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NEO JIN KIAT (LIANG RENJIE) NRIC No SXXXX870C Fmail Address supersonicrun123@gmail.com Mobile Phone No (Phone) +65-89430866 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model C-hr Variant Exact purpose for which vehicle was being used at time of accident **Employment**

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Private hire Transmission Auto CC 1797

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number 22-MR003445-R02

DRIVER

Name of Driver NEO JIN KIAT (LIANG RENJIE) NRIC No SXXXX870C Date Of Birth 18/02/1976 Occupation Outdoor

Date Of Driving Pass 30/05/2001 Driving experience 21 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-89430866 Alt. Phone Number Email Address supersonicrun123@gmail.com Address BLK 72 CIRCUIT ROAD #06-13 Address complement Postcode 370072 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 Collision - Major/Minor Rd Weather Conditions **DRIZZLING** Road Surface Wet 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? 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 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 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220724/7033 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 SHB3588X

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	_
Vehicle Category	Taxi
Name of Driver	_
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 Gender Phone No	NEO JIN KIAT (LIANG RENJIE) Male (Phone) +65-89430866
Address	-
Address Complement Post Code	-
Approximate Age Years Old	_
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLU3171S
Were seat belts worn?	Yes
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.
- 2. This Form must be completed by the Policyholder and/or the Actual Oriver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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' 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.

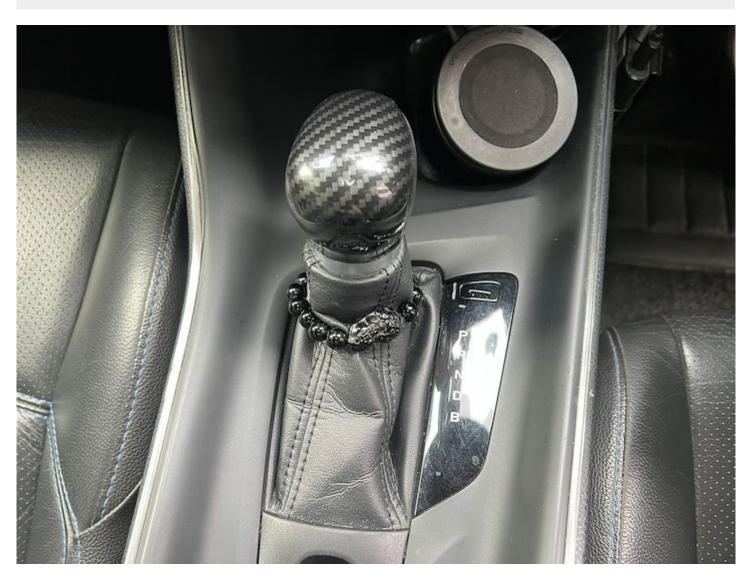
Policyholdar's Sighalitie / Date & Time

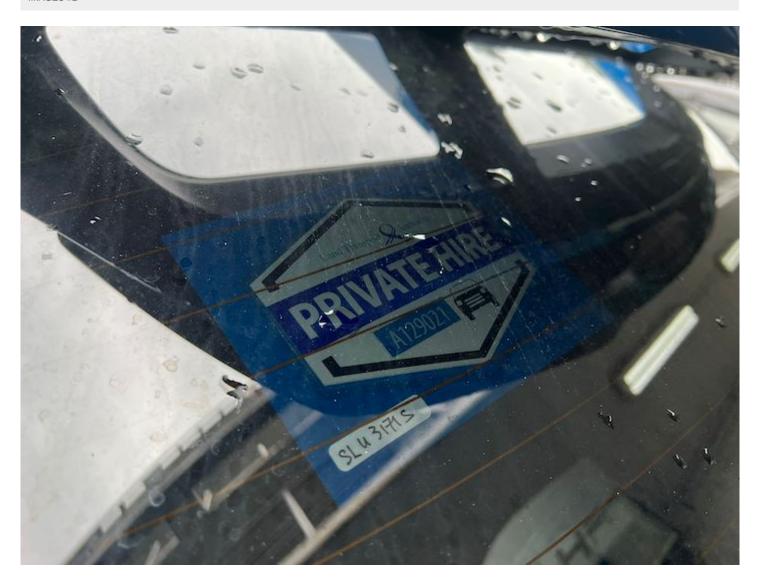
Sketch Plan

Vehicle B

SHB 55 88 X

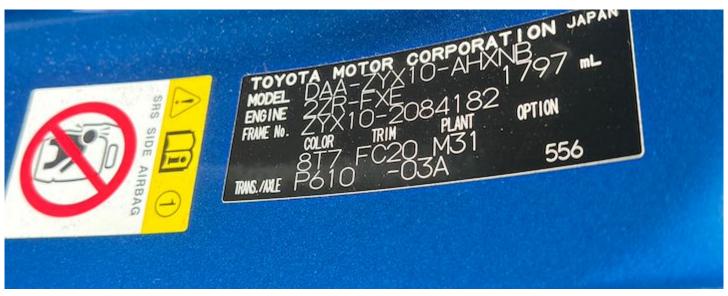
cribe Circumstance of the	Accident				
	- REFER	To Poise	E REPORT -	1/20220724	7033







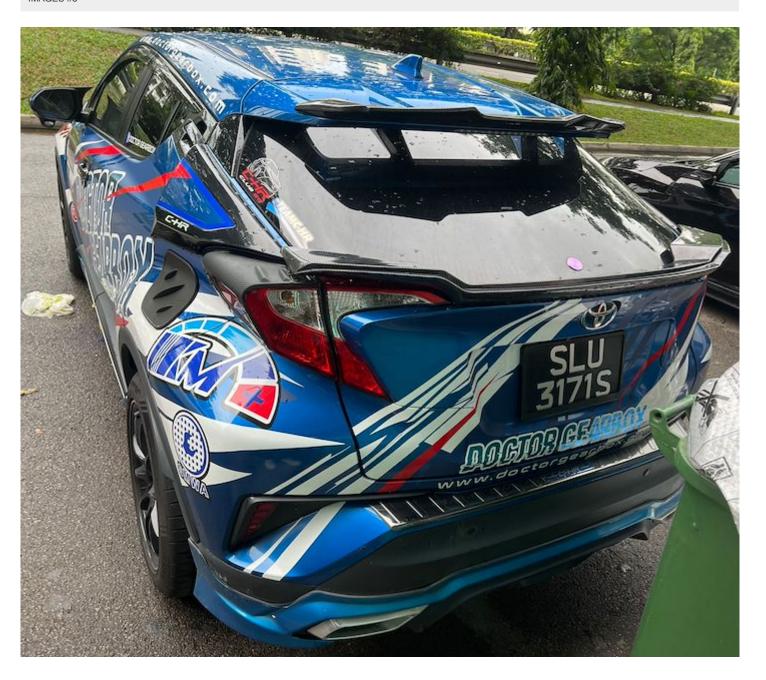




















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220724/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/07/2022 18:26		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: NEO JIN KIAT			Address: 72 CIRCUIT ROAD #06-13 SINGAPORE 370072		
ID Type / ID No.: NRIC NO / S7604870C		70C	Contact No.: Home/Office: Mobile: 89430866		
Nationality: SINGAPORE CITIZEN		EN	Email: NEOGAV888@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 18/02/1976	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE			Driving Licence Information: Class: 3	Date of Expiry:	

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2022 14:05	Type of Location: Straight Road
Location: QUEEN STR	EET			
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way	Traine Sermon		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHB3588X	Car				Seriously Damaged	0
SLU3171S	Car	ТОУОТА	CHR+1.8+S +HYBRID+A	The state of the s	Seriously Damaged	0



T/20220724/7033

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

2 of 3 Report No. T/20220724/7033

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU3171S	TOKIO MARINE INSURANCE SINGAPORE LTD.	MR003445	17/06/2020	16/06/2023

Details of Perso	n Involved				139763	
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	edestriar	Cross	sing: NA
Driver		A LANDY	THE REAL PROPERTY.	The sales	2.122113	
Name	NEO JIN KIAT	NEO JIN KIAT		ID No		S7604870C
Related Vehicle	SLU3171S (Car)			Conta	ct No.	89430866
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	24/07/2022		Date	1 ,		7/2022
No. of Days gran	ted Medical Leave	05	Degree o	of	Serio	us

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE PLATE NUMBER SLU3171S WAS TRAVELING ALONG BUGIS to QUEENSTREET SUDDENLY VEHICLE PLATE NUMBER SHB3588X FROM THE OPPOSITE DIRECTION MAKE RIGHT TURN WITHOUT CHECKING AND COLLIDED ONTO MY VEHICLE RIGHT PORTION.

AFTER THE ACCIDENT WE EXCHANGE PARTICULAR AND LEFT AND I WENT TO KOVAN INTEMEDICAL CLNIC AT (KOVAN) CAUSE I FELT PAIN ON MY NECK, BACK, CHEST WAS GIVEN 5 DAY MC.





3 of 3 Report No. T/20220724/7033

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

CONTINUATION OF REPORT

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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: 24/07/2022 18:26
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
NP168	

