

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 Actual 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	19/08/2022 14:09 (SGT)
Reported by	Owner
Date of Accident	18/08/2022 09:20 (SGT)
Exact Location of Accident	Seletar Aerospace Dr, Singapore
Additional Location Information	Seletar West Link/Seletar Aerospace Drive
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ695B
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INSURED POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Cai Yi Service
Company Reg No	53356687L
Email Address	kencow001@gmail.com
Mobile Phone No	(Phone) +65-86910848
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5113619921-02

DRIVER

Name of Driver	Neo Chye Teng
NRIC No	S1715638A
Date Of Birth	13/07/1965
Occupation	Outdoor

Date Of Driving Pass	20/03/1987
Driving experience	35 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86910848
Alt. Phone Number	-
Email Address	kencow001@gmail.com
Address	Bik 120D Canberra Crescent #10-407
Address complement	-
Postcode	754120
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	owner
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	Raining
Road Surface	Wet

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)	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	Pong Choi Nyut
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer attached police report.

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	SKW4967H
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Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Ng Zheng Xiang
NRIC No	S9223423A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMQ1924J
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Tan Li Qing Wendy
NRIC No	S8848088J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Neo Chye Teng
Gender	Male
Phone No	(Phone) +65-86910848
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMQ695B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	Pong Choi Nyut
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMQ695B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to stand on the claims process.
2. This Form must be completed by the Police and signed by the AGA Officer.
3. Information provided must be truthful and accurate as possible. Any false information will result in the insurance company not to reimburse the policy holder.
4. This issue of a Certificate of this Form by insurance companies is taken into account by the Singapore Insurance Council.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIC Accident Management Centre (AMC) at the General Insurance Association of Singapore (GIA) for processing and the copies of the report will be made available upon request to the involved parties.
7. By the lodgement of this report to the insurers, you hereby consent to the sharing of the report with the other parties involved in the report being made available afterwards.
8. **Consent under the Personal Data Protection Act (PDPA)**

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I understand, acknowledge, agree and warrant that

understand, acknowledge, agree and warrant that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIAS") may access, collect, store, use and disclose and/or process my personal data and information contained in the form and/or documents and information provided by me, possessed by my insurer/workshop, the **Personal Information held by GIAS and its workshop**, for the purposes stated in the form and/or documents provided to me, who have named or clearly involved in the provided documents, and have named persons involved in the provided documents collectively referred to as the "insureds", the insurers, lawyers, law firms, the Monetary Authority of Singapore and the relevant government agency and/or institution in the power for the purposes of:

(i) processing, handling and/or dealing with my claim and the settlement of the claim and the persons my insurer/workshop named in the claims;

in investigating the accident and for my course.

I agree to it and so you live with my estimation of the response to the (1) and (2) to me

(c) administering my claims and adding the names of some parties to matters in various reports, then returning on 2-25-92 to do a closing of certain personal items about time to go and a review of the claim at work, then returning to court, phone calls and packages; and the

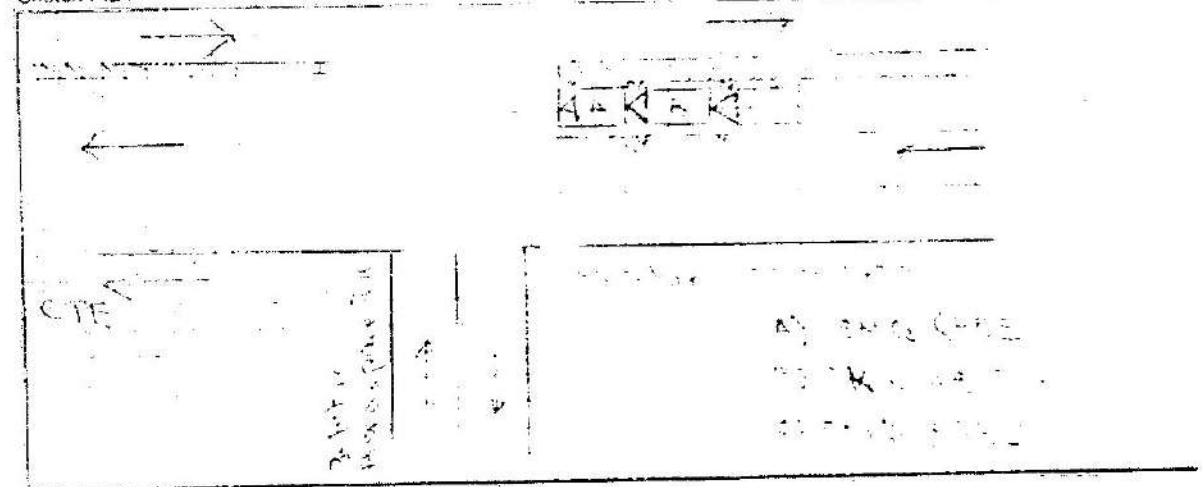
(iv) complying with applicable law in your marketing, processing and handling of data and information, and

that all insureds who have implemented a policy in the applicable state insurance system are equally protected. The Commission has also

and, a solute activity process μ , $\mu_{\text{max}} = 10^{-6}$ to 10^{-10} mol/L, $\mu_{\text{min}} = 10^{-10}$ to 10^{-12} mol/L.

I understand that my Personal Information may be disclosed by any of the Users and/or CIA to their attorneys, who in turn will disclose it to their lawyers, law firms, or other professionals as needed to bring actions for damages against me.

Sketch Plan



Description Circumstance of the Accident

migration

[illegible]



SINGAPORE POLICE FORCE

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2022 17:52		Vide Report No.:		Station Diary No.: 40	
Name of Informant: NEO CHYE TENG			Address: APT BLK 120D CANBERRA CRESCENT #10-407 SINGAPORE 754120		
ID Type / ID No.: NRIC NO / S1715638A			Contact No.: Home/Office: Mobile: 86910848		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 13/07/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 2B,3		Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/08/2022 09:20	Type of Location: Straight Road
Location: SELETAR AEROSPACE DRIVE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Hit at the rear while stationary at the traffic light				Anyone conveyed by ambulance: No

SKW4967H	Car				Slightly Damaged	0
SMQ1924J	Car				Slightly Damaged	0
SMQ695B	Car				Slightly Damaged	1



SINGAPORE POLICE FORCE

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	NEO CHYE TENG	ID No.	S1715638A
Related Vehicle	NIL	Contact No.	86910848
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 18/08/2022, at about 0920hrs, I was traveling along Seletar west Link and Seletar Aerospace Drive and I was stationary at the traffic light waiting for it turn green. Suddenly I felt someone hit the rear of my Vehicle SMQ 695 B. I came down to see and realised that the Vehicle SKW 4967 H hit the rear of my Vehicle. Another vehicle SMQ 1924 J hit the rear of the the vehicle, SKW 4967 H. I was in the vehicle travelling with my wife when the accident happened. After the accident, both of us went to Enlight Family Clinic to seek medical treatment and we were given 5 day of medical leave.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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/
SR STAFF SGT RENUKHA D/O
SELVARAJU

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/08/2022 17:52

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65478414

Classification Of Case: