



## 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 willful 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	10/10/2022 22:18 (SGT)
Reported by	Both
Date of Accident	09/10/2022 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN EUNOS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9530J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NICOLE NEO HWEI HSING (LIANG HUIXIN)
NRIC No	S7727425A
Email Address	nicole_neo77@yahoo.com.sg
Mobile Phone No	(Phone) +65-91391633
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1500

#### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000488819-01

#### DRIVER

Name of Driver	NEO WEE CHEOK
NRIC No	S0189451Z
Date Of Birth	02/11/1953
Occupation	Indoor



Date Of Driving Pass	17/04/1979
Driving experience	43 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98264513
Alt. Phone Number	-
Email Address	nwcone2@gmail.com
Address	BLK 203 SERANGOON CENTRAL #03-74
Address complement	-
Postcode	550203
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	TIARA KOH EN YU
Gender	Female

#### 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 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	SLN9928Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	NEO WEE CHEOK
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SJS9530J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

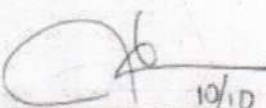
##### INJURED 2

Name of injured person	TIARA KOH EN-YU
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SORENESS ON BODY
Injured person in which vehicle?	SJS9530J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

 10/10

Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Sketch Plan

*Douglas Marks* 10/10/22



Vol A - SJS 7530J

Vol B - SUN9928Z

Letter to Police Report : 1/20221009/708p

I will be claiming my vehicle at JWB International Pl Ltd.

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre  
Personnel (AMK)





**SINGAPORE  
POLICE FORCE**



T/20221009/7054

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

1 of 3

Report No. T/20221009/7054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/10/2022 22:44	Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>		
Name of Informant: NEO WEE CHEOK		Address: 203 SERANGOON CENTRAL #03-74 SINGAPORE 550203
ID Type / ID No.: NRIC NO / S0189451Z		Contact No.: Home/Office: Mobile: 98264513
Nationality: SINGAPORE CITIZEN		Email: NWCONE2@GMAIL.COM
Sex: Male	Age: 68	Date of Birth: 02/11/1953
Type of Informant: Driver		
Race: Chinese	Language: English	Institution / School Name:
Occupation: Driver	Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/10/2022 17:00	Type of Location:
Location: JALAN EUNOS				
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	Conditio	No of
SJS9530J	Car					1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221009/7054

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

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Report No. T/20221009/7054

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	TIARA KOH EN-YU		ID No. T0429695D
Related Vehicle	SJS9530J (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
<b>Driver</b>			
Name	NEO WEE CHEOK		ID No. S0189451Z
Related Vehicle	SJS9530J (Car)		Contact No. 98264513
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious

## Brief Details.

On the stated date and time I was driving my granddaughter (Tiara Koh En-Yu) on board vehicle SJS9530J.

I was travelling along Jalan Eunus and took the slip road to PIE.

As I approach the giveaway line I stopped to check for traffic.

Suddenly vehicle SLN9928Z came from behind and hit onto my vehicle's rear portion.

The impact was great and my car propelled forward a few metres.

I immediately felt pain on my neck, shoulders and back areas.

I quickly check on my granddaughter and she said she felt soreness on her body.

I later proceeded to Unihealth 24-Hr Clinic Jurong East to seek treatment and I was given 5 days MC.

My granddaughter will be seeking medical treatment herself soon.





**SINGAPORE  
POLICE FORCE**



T/20221009/7054

Police Station Of Origin: 343  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20221009/7054

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	09/10/2022 22:44
Officer In Charge Of Case:	Classification Of Case:
TP / TPIB / TAN JEOK LENG Contact No.: 65476151	

NP168