

# 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 .....	14/05/2022 10:40 (SGT)
Date of Accident .....	13/05/2022 16:00 (SGT)
Exact Location of Accident .....	Singapore
 Additional Location Information .....	PIE(CHANGI) NEAR TOA PAYOH EXIT
Country/State of Loss .....	Singapore


## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLM166U
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NEO CHEE HOON
NRIC No .....	S9245844Z
Email Address .....	TERINNEO_81@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-98895082
Alternative Phone No .....	+65-98895082

### VEHICLE PARTICULARS

 Manufacturer .....	Mercedes
Model .....	Cla180
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 .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5124312915
Cover Note Number .....	03/11/2021 - 02/11/2022

### DRIVER

Name of Driver .....	KELVIN OH QIAO MING
NRIC No .....	S9032466G

Date Of Birth	15/09/1990
Occupation	Indoor
Date Of Driving Pass	14/08/2017
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91739485
Alt. Phone Number	-
Email Address	KELVINOH86@GMAIL.COM
Address	BLK 4 CHOA CHU KANG GROVE #05-10
Address complement	-
Postcode	688239
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Clear
Road Surface	Dry

#### 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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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 SKETCH PLAN

#### 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	MULTIPLE FILES
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD957B
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	RACHEL MIANZI LUA
NRIC No	S9724712I
Contact Number	(Phone) +65-97767026
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA2666R
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	WONG KOK JONG
NRIC No	S1145784C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

#### PASSENGER 1

Name	PASSENGER
Gender	Male

#### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	KELVIN OH QIAO MING
Gender	Male
Phone No	(Phone) +65-91739485
Address	BLK 4 CHOA CHU KANG GROVE #05-10
Address Complement	-
Post Code	688239
Approximate Age Years Old	-
Injuries Sustained	NECK TO HEAD
Injured person in which vehicle?	SLM166U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

NHUC Income Motor Service Centre

Report No. MI

D.O.A.

Vehicle No.

Make Model

Report Date: 14/5/2022 Start Time: 10:02 AM

Reporting Type: TP End Time:

**SKETCH PLAN**

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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

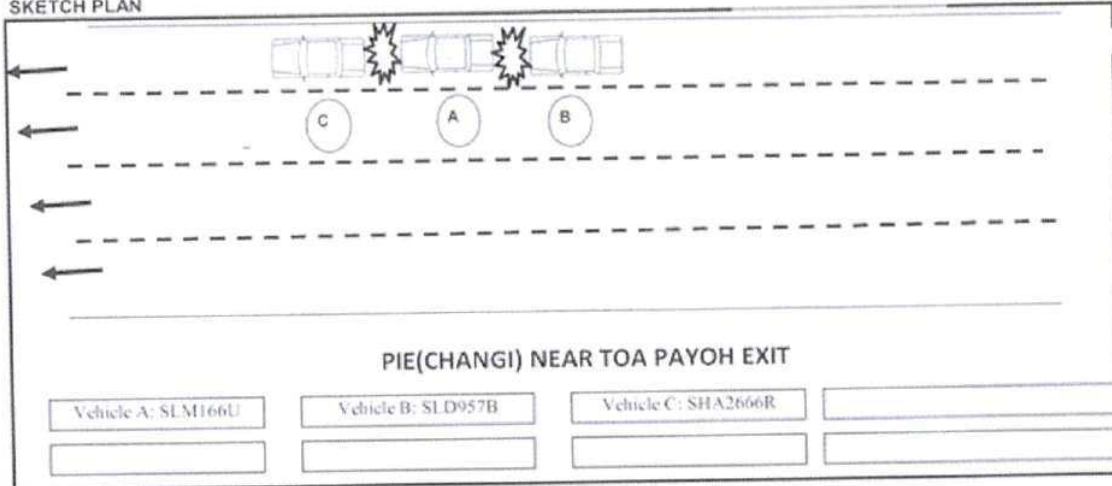
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonable required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, law or court orders.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Chen JunLiang  
NRIC/ Fin No: S990765

SKETCH PLAN




TO REFER TO ATTACHED POLICE REPORT

DECLARATION

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

  
 14-5-2022 10:01  
 Policyholder's Signature  
 Date & Time:

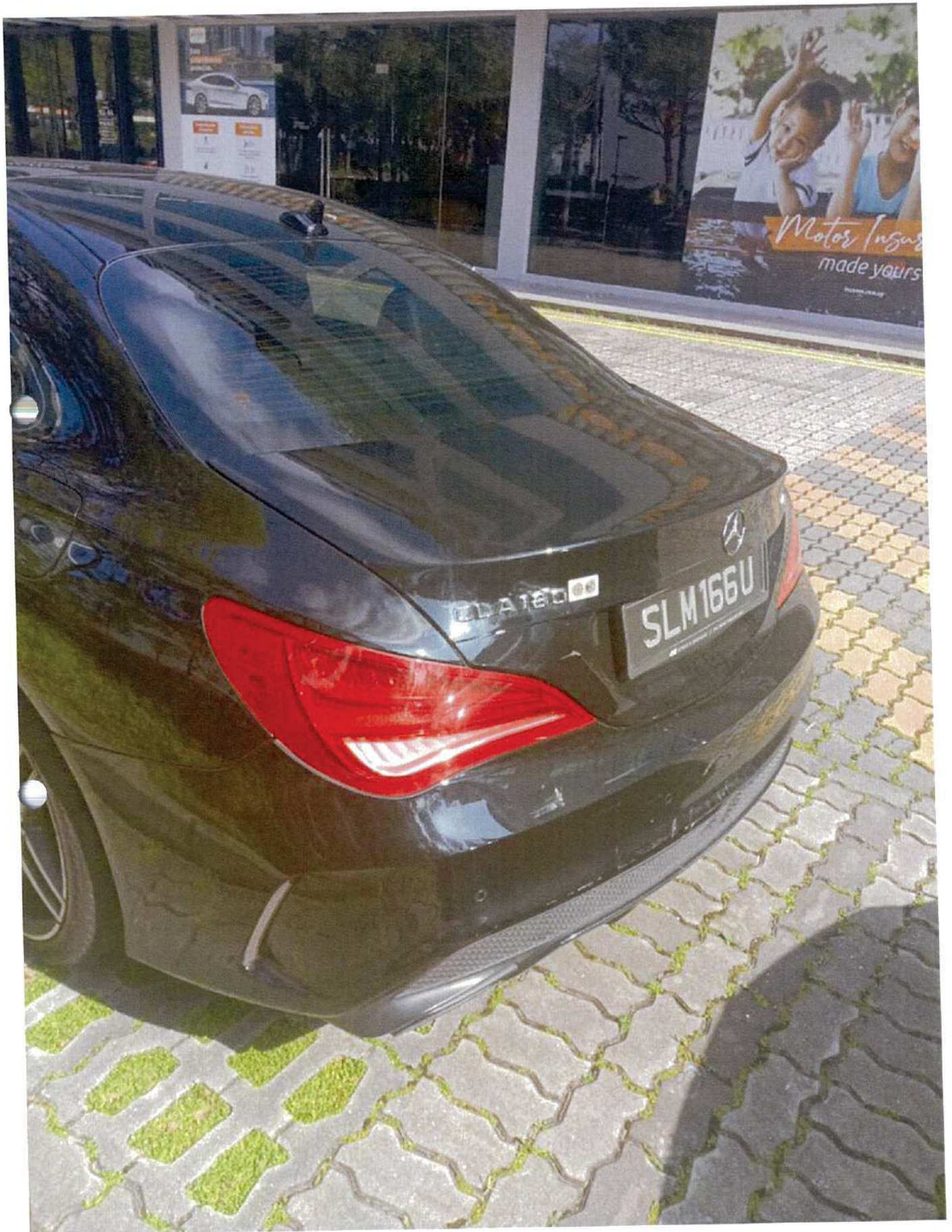
  
 14-5-2022 10:01  
 Driver's Signature (if driver is not the policyholder)  
 Date & Time:

  
 14-5-2022 10:01  
 Reporting Centre Personnel's Signature  
 Name: Chen JunLiang  
 NRIC/ Fin No. S980765

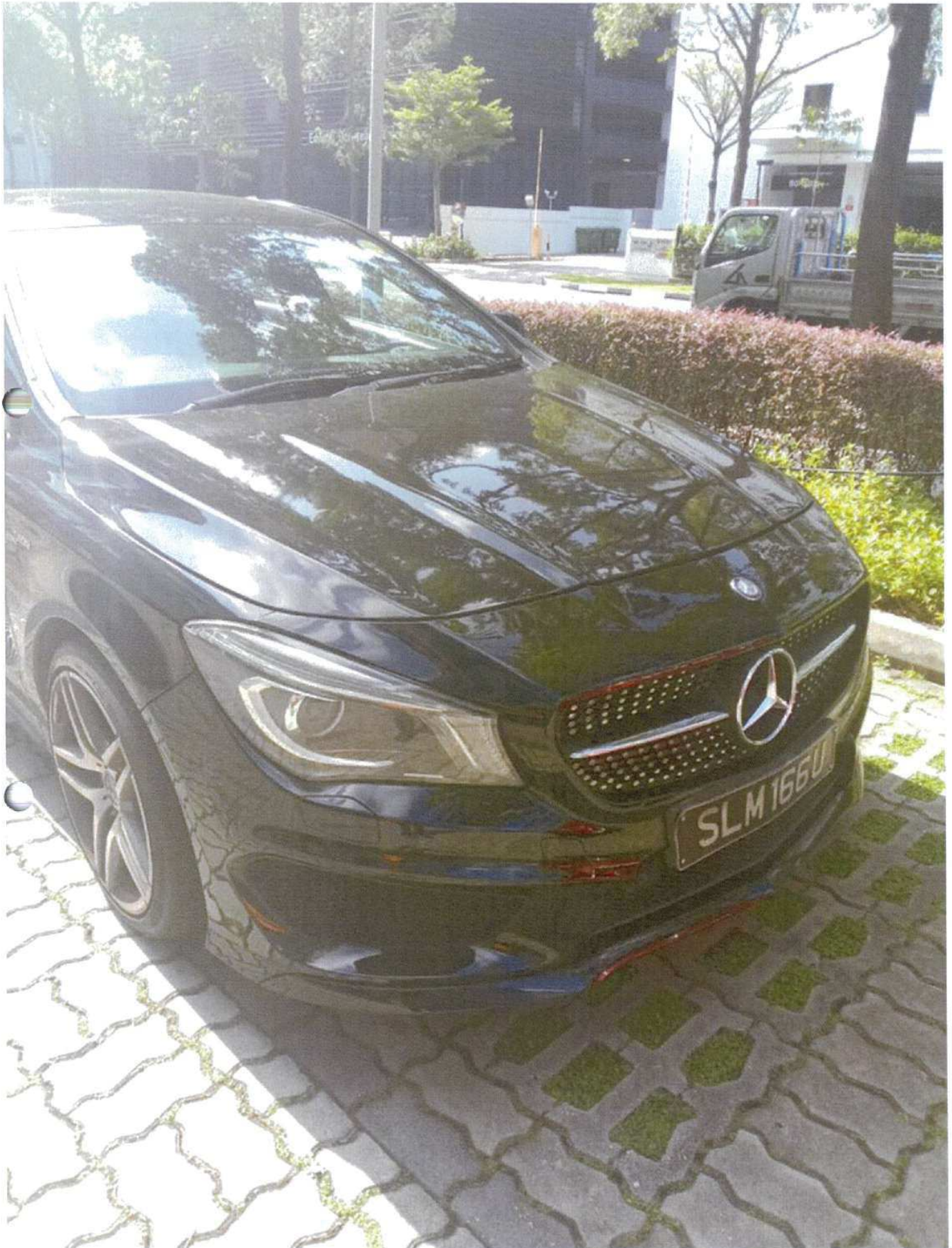




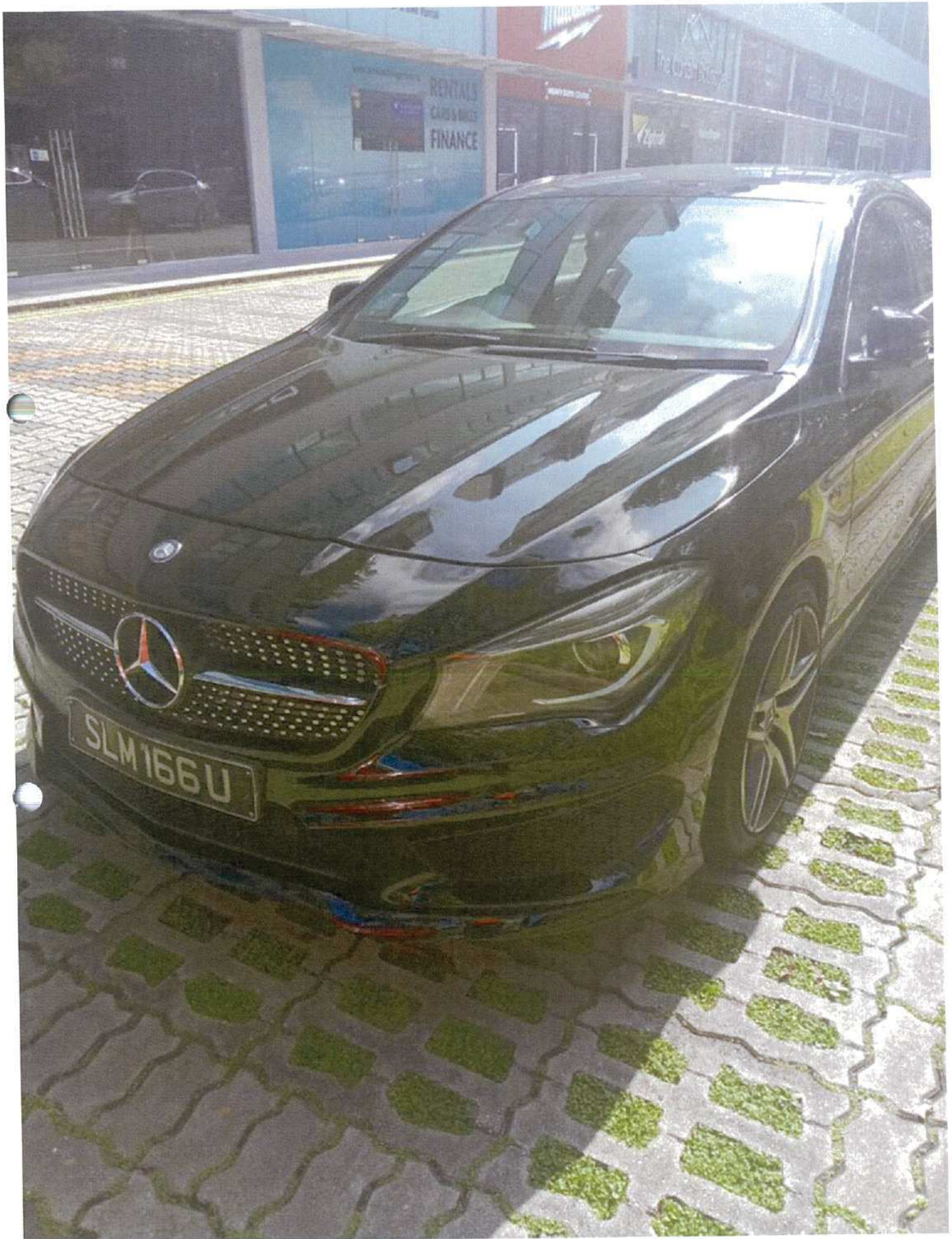




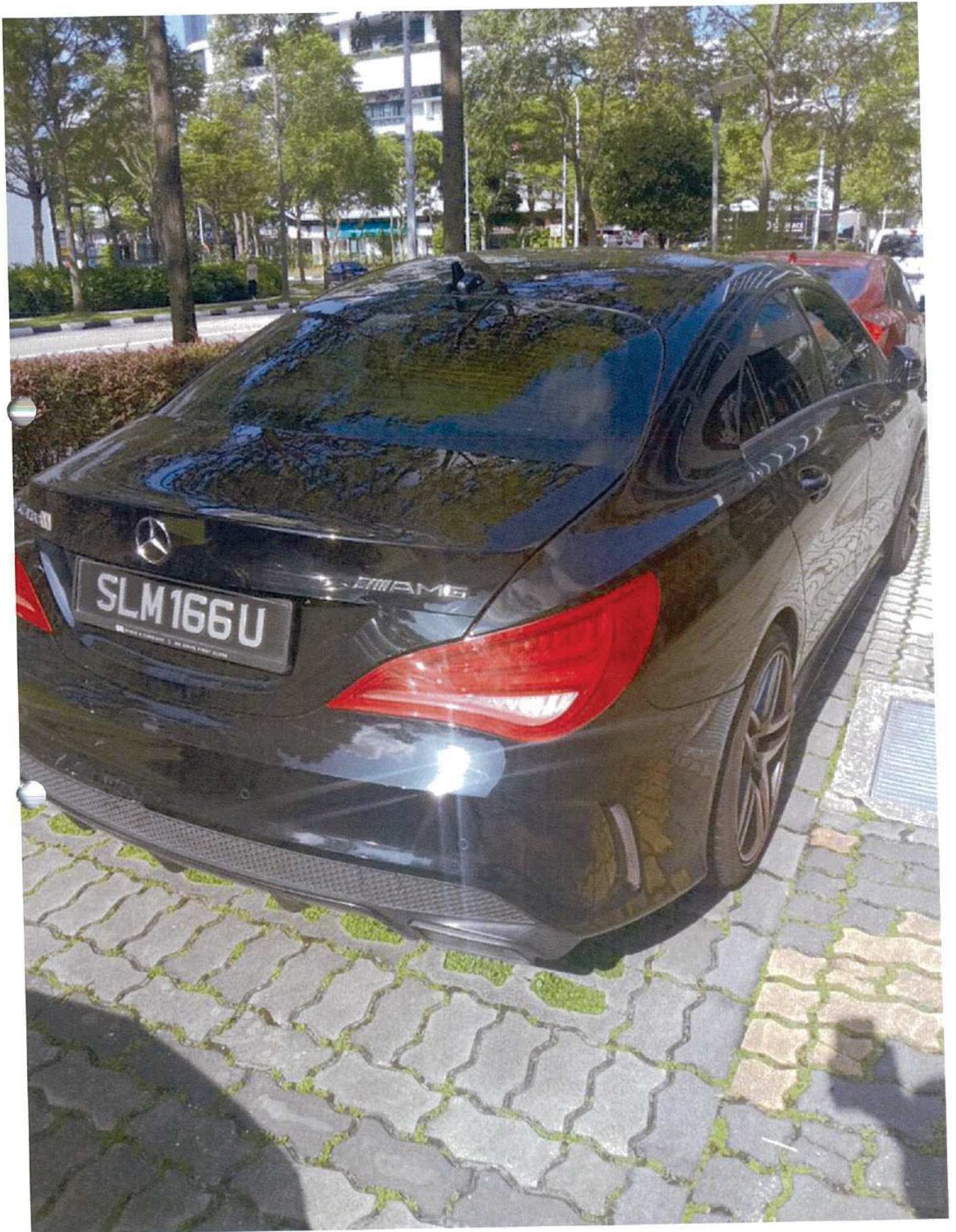


















**SINGAPORE  
POLICE FORCE**



T/20220514/7010

1 of 4

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

Report No. T/20220514/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/05/2022 10:29		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KELVIN OH QIAO MING			Address: 4 CHOA CHU KANG GROVE #05-10 SINGAPORE 688239		
ID Type / ID No.: NRIC NO / S9032466G			Contact No.: Home/Office: Mobile: 91739485		
Nationality: SINGAPORE CITIZEN			Email: KELVINOH86@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 15/09/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Wealth banker			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/05/2022 18:00	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA266R	Car			Blue		1
SLD957B	Car			Grey		0
SLM166U	Car					0







**SINGAPORE  
POLICE FORCE**



T/20220514/7010

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

Report No. T/20220514/7010

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	WONG KOK JONG	ID No.	NIL
Related Vehicle	SHA266R (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	NIL
<b>Driver</b>			
Name	RACHEL MIANZI LUA	ID No.	NIL
Related Vehicle	SLD957B (Car)	Contact No.	97767026
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	NIL
<b>Driver</b>			
Name	KELVIN OH QIAO MING	ID No.	S9032466G
Related Vehicle	SLM166U (Car)	Contact No.	91739465
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/05/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

## Brief Details.

Driving on the right lane  
First car(Taxi)Stop  
Sec Car(My car) Stop  
Third car never Stop and colide onto my car



**SINGAPORE  
POLICE FORCE**

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



T/20220514/7010

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Report No. T/20220514/7010

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20220514/7010

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Report No. T/20220514/7010

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

## 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 / TP1B /  
TAY CHUN KEEN  
Contact No.: 65478436

NP168

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

Date/Time:  
14/05/2022 10:29

Classification Of Case: