# **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 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 27/12/2022 11:21 (SGT) Reported by Date of Accident 23/12/2022 18:00 (SGT) Exact Location of Accident Mandai, Singapore Additional Location Information MANDAI ROAD TRAFFIC LIGHT JUNCTION Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Mitsubishi

1200

Vehicle Registration Number **SLR5068K** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **NEO WEE HIAN** NRIC No SXXXX238H Email Address NEOWEEHIAN13@YAHOO.COM.SG Mobile Phone No (Phone) +65-81983683 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model Attrage 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

**INSURANCE COMPANY** 

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5111525364-03

DRIVER

CC

Name of Driver **NEO WEE HIAN** NRIC No SXXXX238H Date Of Birth 21/05/1977 Occupation Indoor

Date Of Driving Pass 01/07/2008 Driving experience 14 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-81983683 Alt. Phone Number Email Address NEOWEEHIAN13@YAHOO.COM.SG Address BLK. 465 JURONG WEST ST. 41 Address complement #07-536 Postcode 640465 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 - 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 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 REFER POLICE REPORT NO: T/20221224/7026 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBC9380D

Fiat

# Accident report SC2222CR0001

Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour Vehicle Category Name of Driver NRIC No	- Commercial vehicle ONG BO LING SXXXX662J
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 WEE HIAN
Gender	Male
Phone No	(Phone) +65-81983683
Address	BLK. 465 JURONG WEST ST. 41
Address Complement	#07-536
Post Code	640465
Approximate Age Years Old	45
Injuries Sustained	-
Injured person in which vehicle?	SLR5068K
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 speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willful 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.
- 5. 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.

Wels

Policyholder's Signature / Date & Time

Weep

Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Persennel (Name as in NRIC/ID card)

Sketch Plan

vehicle A SLR 5068 K vehicle B GBC 9380 D

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1

On 23/12/2022 about 1800pm . my which was driving along
mandai Road and I notice front variable slow down so I follow
as well. sublanty relich B "GBC 93800" collised my ren
car portion with impact very heavy and badly, my com push forward.
After left the Scene accident. The next day I feel pain and unwell
on my body and heed pain . So I want to consult doctor and Siva
Mc 3 days. I have video footage recorded the accident.

Declaration

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

Policyholder's Signature / Date & Time

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

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

2

















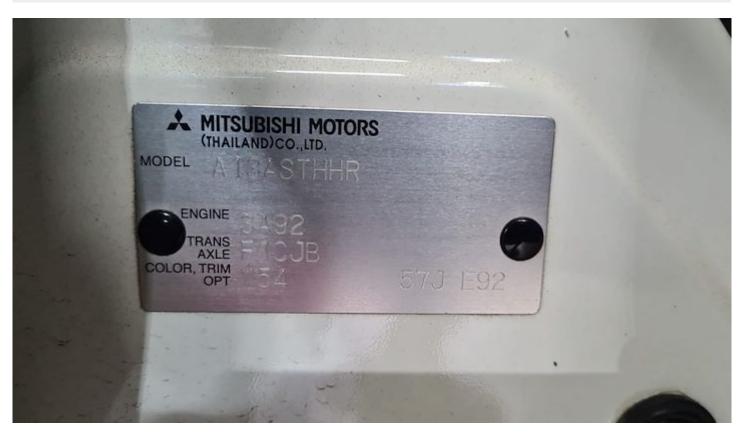


















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20221224/7026

### REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 24/12/2022 16:29		Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
Name of NEO Wi	Informant: EE HIAN		Address: 465 JURONG WEST STREE 640465	T 41 #07-536 SINGAPORE
	D Type / ID No.: NRIC NO / S7743238H		Contact No.: Home/Office;	Mobile: 81983683
National SINGAP	ity: ORE CITIZ	EN	Email: neoweehian13@yahoo.com.s	sg.
Sex: Male	Age: 45	Date of Birth: 21/05/1977	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			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: 23/12/2022 18:0	Type of Location: X-Junction	
MANDAI ROA	AD	Road Surface:		Road Speed Limit:	
Traffic Flow: Traff		Dry Traffic Control: Traffic Light - Wo	orkina	70 Km/h Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			9	Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLR5068K	Car	MITSUBISHI	ATTRAGE 1.2 CVT	White		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLR5068K	NTUC Income Insurance Co-Operative Limited	5111525364-03	17/08/2022	16/08/2023	





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

2 of 3 Report No. T/20221224/7026

#### CONTINUATION OF REPORT

Details of Perso	on Involved	2100000			-	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destrian	Cross	ing: NA
Driver					0.000	ang. rur
Name	NEO WEE HIAN			ID No.		S7743238H
Related Vehicle	SLR5068K (Car)		Contac	t No.	81983683	
Hospital/Clinic	NIL			Class of Driving Licence Expiry	3	Class: 3 Date of Expiry: NIL
Date	23/12/2022		Date		24/12	/2022
No. of Days gran	ted Medical Leave	03	Degree of	f	Sliaht	

#### Brief Details.

I have videos showing the accident. At the cross junction in-between Mandai Road and Mandai Ave, just after the pedestrian crossing while I am travelling towards Yishun. Moving off when traffic light turn green, there's another traffic light in front which was still red, cars in front were waiting for green light, so I slow down and come to a stop. However, the van GBC9380D behind me did not and hit onto the back of my car. On the same day, I had bad headache and neck discomfort later the night, so next day i see a doctor and received 03 days MC.





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

3 of 3 Report No. T/20221224/7026

CONTINUATION OF REPORT

Sketch Plan 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: 24/12/2022 16:29
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:



#### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5111525364-03 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: MM8STA13AHH006352

Chassis Number 2. Name of Policyholder

: NEO WEE HIAN

3. Effective Date of Insurance

: 17 Aug 2022

: SLR5068K

4. Expiry Date of Insurance

: 16 Aug 2023

5. Persons or Classes of Persons entitled to drive!

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

#### This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO ROADSIDE ASSISTANCE AND WELLNESS COVER : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO PRIMARY DRIVER : NEO WEE HIAN NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : KENSO LEASING PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : KENSO LEASING PTE LTD (00000573553)

Date of Issue : 06 Aug 2022 15:39 hrs Reprint : 06 Aug 2022 15:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive