

SK0J23360005 / K. KIM HIN AUTO PTE LTD
ENTRY DATE & TIME: 06/03/2023 21:30 (SGT)
SUBMITTED BY: Ng Meng Huat
VERSION: 1 (06/03/2023 21:30 (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 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	06/03/2023 21:30 (SGT)
Reported by	Driver
Date of Accident	04/03/2023 14:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE (CHANGI) NEAR TOA PAYOH EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV7243Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEK PUAY KOONG TINA
NRIC No	S7301404B
Email Address	NESSIEMONSTER00@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98737095
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	VO116237

DRIVER

Name of Driver	NEO CHEE SENG
NRIC No	S7244199J
Date Of Birth	24/11/1972

Date Of Driving Pass	12/04/1993
Driving experience	29 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81617124
Alt. Phone Number	-
Email Address	NEO_TODAY@YAHOO.COM
Address	52A TOH TUCK ROAD #09-04
Address complement	-
Postcode	596744
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	Collision - Head to Rear
Weather Conditions	Raining
Load Surface	Wet

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	NICHOLAS NEO RUI FENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED 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	SKD5366K
Vehicle Manufacturer	Toyota
Vehicle Model	ALTIS
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH YONG SENG
NRIC No	S1303930E
Contact Number	(Phone) +65-96622913
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 CHEE SENG
Gender	Male
Phone No	(Phone) +81617124
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	DIZZINESS AND BACKACHE
Injured person in which vehicle?	SKV7243Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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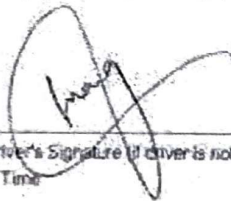
8. Consent under the Personal Data Protection Act (PDPA)

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.

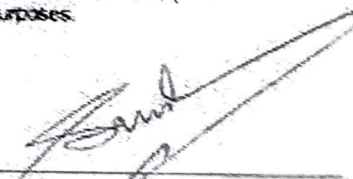
X 

Policyholder's Signature / Date & Time



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

6/3 @
12:25pm


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

Sketch Plan

PIE (CHANGI) NEAR TPY EXIT

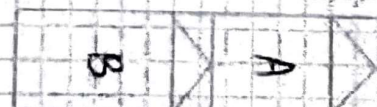
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A = SKV7243Z

B = SKD5366K



Describe Circumstance of the Accident

On 04-03-2023 at about 1400hrs, I was travelling along PIE towards Changi (near Toa Payoh Exit) at the 1st lane with my son sitting at the rear passenger sit

It was raining lightly and traffic was heavy and cars were moving slowly.

I was cruising slowly and I suddenly felt an impact from the rear. I hit my head against the neck rest and I felt abit giddy. I exited my vehicle to realise that SKD5366K had rear ended me.

As I felt unwell, I will be seeking medical treatment.

I saw the doctor at MT A. Hospital on the same day at 4pm and was given 5days MC.

TP claim at Alan's United Auto Pte Ltd.

Pls send a copy of OIA report to workshop.

Declaration

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

X  Policyholder's Signature / Date & Time

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

6/3 @ 12:25pm
 Witnessed by Reporting Centre Personnel (Name as in NRICID card)