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.
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	30/06/2023 10:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/06/2023 17:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE PAYA LEBAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY597J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO RONG HAO BENJAMIN
NRIC No	SXXXX615H
Email Address	sg86115300@gmail.com
Mobile Phone No	(Phone) +65-90666473
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00002542300

DRIVER

Name of Driver	NEO RONG HAO BENJAMIN
NRIC No	SXXXX615H
Date Of Birth	11/02/1985
Occupation	Outdoor

Date Of Driving Pass	06/10/2022
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90666473
Alt. Phone Number	-
Email Address	sg86115300@gmail.com
Address	BLK 256 TAMPINES STREET 21 #05-162
Address complement	-
Postcode	522256
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	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	4
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	GRAP PAX
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

PLEASE REFER TO POLICE REPORT T/20230628/7063

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	SMY4998J
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLL1420J
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLL1981G
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 RONG HAO BENJAMIN
Gender	Male
Phone No	(Phone) +65-90666473
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMY597J

Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.**
6. 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.
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.

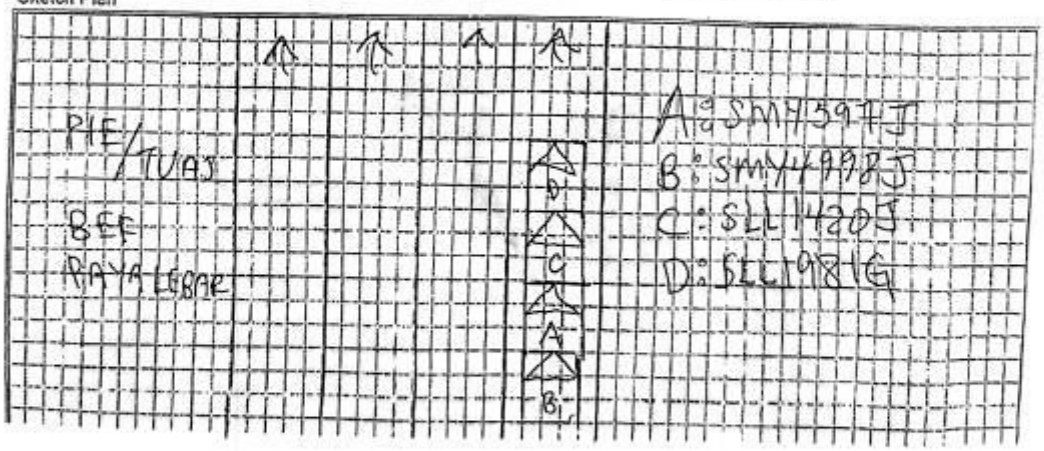
Policyholder's Signature / Date & Time

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

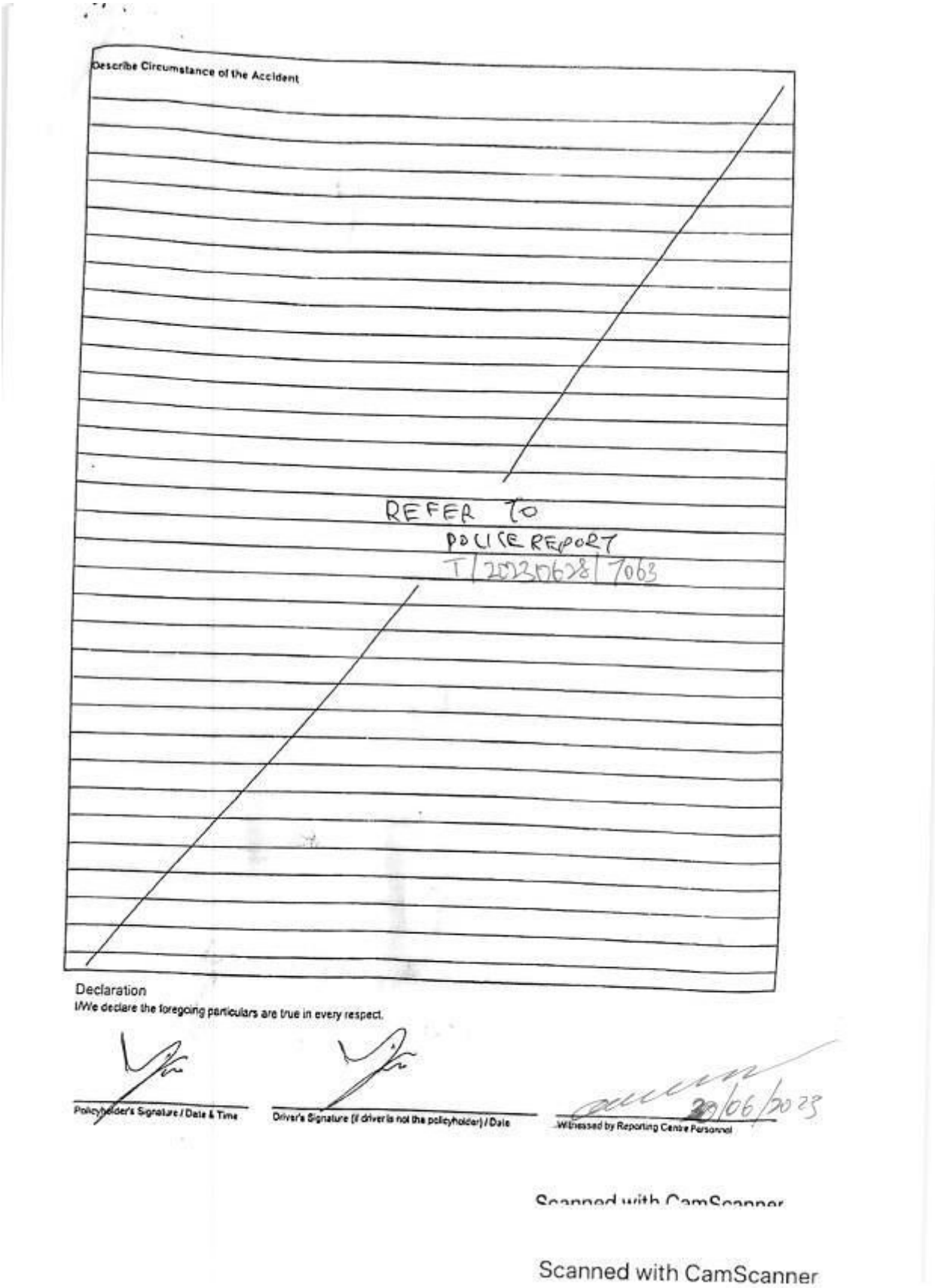
30/06/2023

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

Sketch Plan



Scanned with CamScanner


Describe Circumstance of the Accident
REFER TO
POLICE REPORT
T/20230628/7063
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
Witnessed by Reporting Centre Personnel
28/06/2023
Scanned with CamScanner
Scanned with CamScanner

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

SINGAPORE POLICE FORCE

T/20230628/7063

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

Report No. T/20230628/7063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
28/06/2023 19:00		

Informant's Particulars

Name of Informant: NEO RONG HAO BENJAMIN			Address: 256 TAMPINES STREET 21 #05-162 SINGAPORE 522256
ID Type / ID No.: NRIC NO / S8505615H			Contact No.: Home/Office: Mobile: 90666473
Nationality: SINGAPORE CITIZEN			Email: NEORONGHAO@GMAIL.COM
Sex: Male	Age: 38	Date of Birth: 11/02/1985	Type of Informant: Driver
Race: Chinese			Language: English
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2023 17:10	Type of Location: Straight Road
Location: EUNOS AVENUE 8A				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One 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
SLL1420J	Car				Seriously Damaged	0
SLL1981G	Car				Seriously Damaged	0
SMY4998J	Car				Seriously Damaged	2

SINGAPORE POLICE FORCE

T/20230628/7063

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

Report No. T/20230628/7063

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMY597J	Car	HONDA	SHUTTLE 1.5G CVT SENSING LED	Grey	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY597J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000025 42300	10/02/2023	09/02/2024

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA

Driver

Name	NEO RONG HAO BENJAMIN	ID No.	S8505615H
Related Vehicle	SMY597J (Car)	Contact No.	90666473
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	28/06/2023	Date	28/06/2023
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SMY597J WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 1 ALONG PIE TOWARDS TUAS BEFORE PAYA LEBAR RD EXIT.

THE VEHICLE IN FRONT SUDDENLY BRAKE, SO I ALSO BRAKE.

SUDDENLY VEHICLE B, BEARING CAR PLATE SMY4998J BANG ONTO THE REAR PORTION OF MY VEHICLE.

DUE TO THE POWERFUL IMPACT, MY VEHICLE PROPEL FORWARD AND BANG ONTO THE VEHICLE IN FRONT BEARING CAR PLATE SLL1420J.

HE THEN PROPEL FORWARD AND BANG ONTO ANOTHER VEHICLE BEARING CAR PLATE SLL1981G.

AFTER THE ACCIDENT, I SUFFERED PAIN ON MY NECK, LOWER BACK AND WRIST. SO I WENT TO OUR FAMILY PHYSICIAN CLINIC & SURGERY TO CONSULT A DOCTOR. I RECEIVED 5 DAYS OF MC

SINGAPORE POLICE FORCE

T/20230628/7063

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

Report No. T/20230628/7063

CONTINUATION OF REPORT

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: 28/06/2023 19:00
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG LESLIE Contact No.: 65476151	Classification Of Case:

NP168

PRIVATE HIRE

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08236U0001 Vehicle Registration No: SMY597J

Name (as shown in NRIC): MOHD ROYAL HARO BIN JAMAN NRIC/FIN/Passport No: SXXXX6151H

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: 90666413

Email Address: _____

Date of Accident: 28/06/2023 Time of Accident: 17:10

Place of Accident: PIE TOWARDS TUAS BEFORE PAYA LEBAR

Insurance Company: _____

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TP VEHICLE PROPERTY 2 - SLL1420J ON SAS

Policyholder / Actual Driver's Signature
Date:

05/07/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: