

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	05/07/2023 17:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/07/2023 09:00 (SGT)
Exact Location of Accident	Clemenceau Ave, Singapore
Additional Location Information	OUTSIDE SINGAPORE SHOPPING CENTER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDP18T
-----------------------------------	--------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO SIOK MUI
NRIC No	SXXXX646I
Email Address	i.neo1972@gmail.com
Mobile Phone No	(Phone) +65-96807227
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	440i
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	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00053452300

DRIVER

Name of Driver	NEO SIOK MUI
NRIC No	SXXXX646I
Date Of Birth	07/08/1972
Occupation	Indoor

Date Of Driving Pass	06/04/1995
Driving experience	28 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96807227
Alt. Phone Number	-
Email Address	i.neo1972@gmail.com
Address	BLK 529 CHOA CHU KANG STREET 51 #09-339
Address complement	-
Postcode	680529
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 - Change/cross lane
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	BRYAN
Gender	Male

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/20230705/7041

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	GBL3305P
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	DAVID WEE
Contact Number	(Phone) +65-91377915
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 SIOK MUI
Gender	Female
Phone No	(Phone) +65-96807227
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SDP18T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	BRYAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SDP18T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

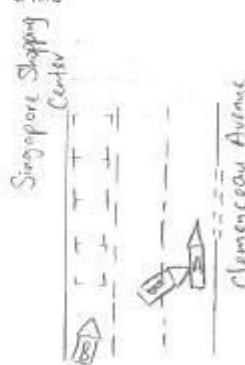
IMPORTANT NOTICE

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 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. The 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
Sketch Plan

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

Witnessed by Reporting Centre Personnel



Vehicle A: SDP18T
Vehicle B: GBL3305P

Describe Circumstances of the Accident

Refer to police report T/20230705/7041

A large rectangular area with horizontal lines for describing the accident circumstances. A diagonal line is drawn across the middle of this section.

Declaration

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



















**SINGAPORE
POLICE FORCE**



T/20230705/7041

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

1 of 3
Report No. T/20230705/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2023 15:29	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: NEO SIOK MUI	Address: 529 CHOA CHU KANG STREET 51 #09-339 SINGAPORE 680529		
ID Type / ID No.: NRIC NO / S72276461	Contact No.: Home/Office: Mobile: 96807227		
Nationality: SINGAPORE CITIZEN	Email: I.NEO1972@GMAIL.COM		
Sex: Female	Age: 50	Date of Birth: 07/08/1972	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: Manager	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/07/2023 09:00	Type of Location:
Location: CLEMENCEAU AVENUE				
Weather:		Road Surface:		
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
SDP18T	Car					1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230705/7041

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

2 of 3
Report No. T/20230705/7041

CONTINUATION OF REPORT

Driver			
Name	NEO SIOK MUI	ID No.	S7227646I
Related Vehicle	SDP18T (Car)	Contact No.	96807227
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SDP18T with my son Bryan Tan on board.

I was travelling straight along Clemeceau Ave along the extreme right lane when GBL3305P, which was initially stationary along the lane on my left, abruptly swerved out and collided with the left portion of my vehicle.

I was caught completely off guard and let out a shriek when my vehicle rocked sideways violently.

I checked on Bryan and he informed me that he had knocked the left side of his body against the front passenger door as a result of the collision.

Upon alighting, I realised that the entire left portion of my vehicle was badly damaged.

My tyre was punctured and my left rear rim was badly dented and could no longer be driven.

After my vehicle was towed, we left the scene and shortly after, I started feeling aches over my neck, shoulders and lower back areas.

Bryan also complained that he was experiencing similar symptoms on top of the pain eliciting from the areas he had knocked.

As such, we sought treatment at Trinity Medical near my workplace after lunch the same day.

We were each given 3 days MC each for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**



T/20230705/7041

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

3 of 3

Report No. T/20230705/7041

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:
05/07/2023 15:29

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168