

## 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 First Submission .....	26/11/2024 07:45 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	22/11/2024 21:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE TO BKE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKQ7866C
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	PARADIGM AUTO PTE LTD
Company Reg No .....	2XXXXX139H
Email Address .....	auburnauto.insurance@gmail.com
Mobile Phone No .....	(Phone) +65-97908998
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Golf
Variant .....	VOLKSWAGEN / GOLF A7 1.4 TSI AT 5G13GZ W/O HID
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 hire
Transmission .....	Auto
CC .....	1395
Vehicle Fuel .....	Petrol
First Registration Date .....	-
Chassis no .....	WVWZZZAUZFW063882
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2009295278

#### DRIVER

Name of Driver .....	TNG WEE LEONG
NRIC No .....	SXXXX695H
Date Of Birth .....	31/01/1987
Occupation .....	Outdoor
Driving Pass Date .....	23/12/2006
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	17 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88705262
Alt. Phone Number .....	-
Email Address .....	LEONGZAI87@GMAIL.COM
Address .....	418 WOODLAND ST 41 #07-133
Address complement .....	-
Postcode .....	730418
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	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 .....	CHAN JING YEN
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

KINDLY REFER TO THE POLICE REPORT

#### 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 .....	TAKEN BY TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA1559Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	YAP HAN LONG
Contact Number .....	(Phone) +65-91797765
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 .....	JVQ3184
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	TNG WEE LEONG
Gender .....	Male
Phone No .....	(Phone) +65-88705262
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & BACK
Injured person in which vehicle? .....	SKQ7866C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	CHEN JING YEN
Gender .....	Female
Phone No .....	(Phone) +65-91540414
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & BACK

Injured person in which vehicle? .....	SKQ7866C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

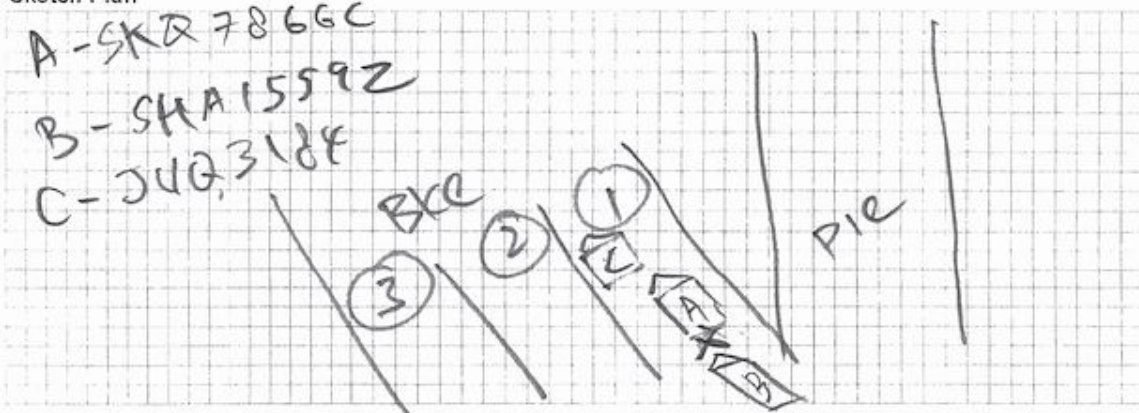
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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 &amp; Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

Please Refer to the police report

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel







**SINGAPORE  
POLICE FORCE**



T/20241123/7002

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

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Report No. T/20241123/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2024 00:25		Vide Report No.: F/20241122/0168		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TNG WEE LEONG			Address: 418 WOODLANDS ST41 #07-133 SINGAPORE 730418		
ID Type / ID No.: NRIC NO / S8704695H			Contact No.: Home/Office: Mobile: 88705262		
Nationality: SINGAPORE CITIZEN			Email: LEONGZAI87@GMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 31/01/1987	Type of Informant: Driver		
Race:			Language: English		
Occupation: Other specialised goods sales professionals			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/11/2024 21:00	Type of Location: PIE towards Tuas LP 1145
Location:  FAIRWAYS DRIVE				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JVQ3184	Motorcycle		SMALL BIKE MALAYSIA LOOKS LIKE WAVE	Blue		1
SHA1559Z	Taxi	BYD	TAXI BYD	Blue	Slightly Damaged	2
SKQ7866C	Motor car					0



**SINGAPORE  
POLICE FORCE**



T/20241123/7002

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

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Report No. T/20241123/7002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TNG WEE LEONG	ID No.	S8704695H
Related Vehicle	SKQ7866C (Motor car)	Contact No.	88705262
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

**Brief Details.**

today (22/11/2024) around 8.50pm to 9pm when the accident happened. I was driving SKQ 7866C sending my wife home after work. I was at PIE towards BKE driving at ard 60km/hr due to high volume traffic and its raining. when the filtering to BKE. I was at the first lane suddenly this Malaysia Registered Motorbike JVQ3184 Malay woman rider's bike skid and fell to the floor due to wear and tear old tyres. She fell down from her bike from the first lane roll over to the lane 2, resulting almost got hit by a car. I brake few time to warn the back driver and came to a stop. Suddenly around 10 second later when i wanted to go down help the lady rider, my rear of the vehicle was hit by the taxi SHA1559Z pushing me forward 3-4 meters infront even i press on the brake my car was push forward scratching my side of my car with the motorbike. And lucky due to me stepping on the brake I prevented hitting the rider causing more damage and hurt to her.

The rider and the taxi passenger were send to the hospital. I told the TP i need to go back home to take care my 9month old baby and cant go with the hospital

My wife and I had injured with a neck injury.





**SINGAPORE  
POLICE FORCE**

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



T/20241123/7002

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Report No. T/20241123/7002

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD RAIMIE BIN ABDUL KARIM  
Contact No.: 65476246

NP168

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

Date/Time:  
23/11/2024 00:25

Classification Of Case: