



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	26/01/2024 15:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/01/2024 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE (CITY) AFTER CLEMENTI AVENUE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ2517A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEONG YOON TACK
Passport No/FIN	G7362696Q
Email Address	jayleong0609@gmail.com
Mobile Phone No	(Phone) +65-98779775
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mtn155
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	Motorcycle
Transmission	Manual
CC	160

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124154388-02

DRIVER

Name of Driver	LEONG YOON TACK
Passport No/FIN	G7362696Q
Date Of Birth	10/06/1983
Occupation	Indoor



Driving Pass Date	10/10/2016
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98779775
Alt. Phone Number	-
Email Address	jayleong0609@gmail.com
Address	BLK 442C #05-839
Address complement	BUKIT BATOK WEST AVENUE 8
Postcode	653442
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	Side Swipe
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)	1
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	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE 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	SMX3671M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHASI KUMAAR S/O SUPRAMANIAM
NRIC No	S7802524G
Contact Number	(Phone) +65-81233394
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	LEONG YOON TACK
Gender	Male
Phone No	(Phone) +65-98779775
Address	BLK 442C #05-839
Address Complement	BUKIT BATOK WEST AVENUE 8
Post Code	653442
Approximate Age Years Old	40
Injuries Sustained	LEFT ELBOW AND LEFT KNEE CONTUSION
Injured person in which vehicle?	FBQ2517A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	CHAN PEK KIM KOK
Phone	(Phone) +65-86723739
Email	-

SKETCH PLAN**IMPORTANT NOTICE**

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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:

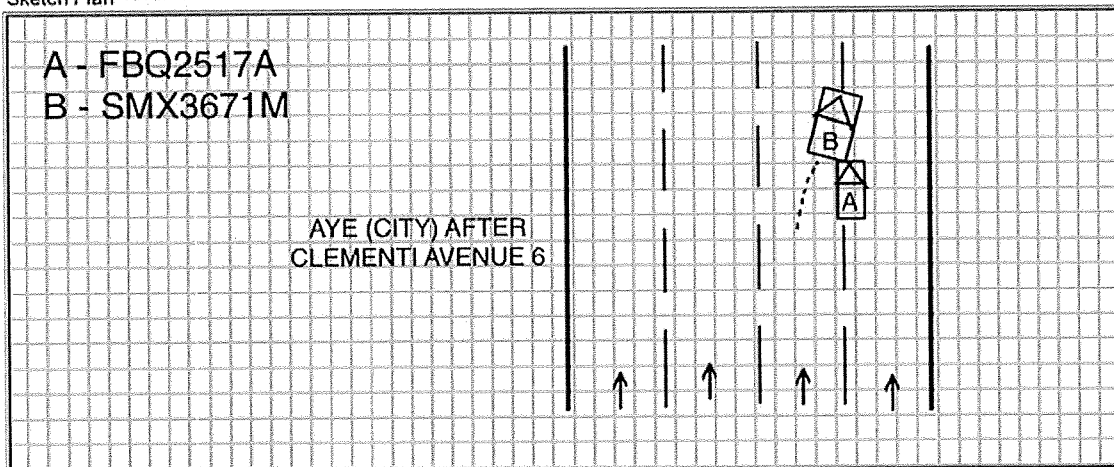
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
26/01/2024

Sketch Plan 1500hrs

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
MD SHAN KASMEIR BIN ABDULLAH




Describe Circumstance of the Accident


REFER TO POLICE REPORT

Declaration

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


Policyholder's Signature / Date & Time
26/01/2024
1500hrs

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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
MD SHAN KASMEIR BIN ABDULLAH 2


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
6 Lempeng Drive SINGAPORE 128406
Tel No. 1800-8729999



T/20240126/2041

1 of 3

Report No. T/20240126/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2024 12:21	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: LEONG YOON TACK			Address: 442C BUKIT BATOK WEST AVENUE B #05-839 WEST RIDGES @ BUKIT BATOK SINGAPORE 653442		
ID Type / ID No.: FIN NO / G7362596Q			Contact No.: Home/Office: Mobile: 98779775		
Nationality: MALAYSIAN			Email: jayeong0609@gmail.com		
Sex: Male	Age: 40	Date of Birth: 10/06/1983	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: Supply and distribution/Logistics/Warehousing manager			Driving Licence Information: Class: 2B,3C Date of Expiry: 08/10/2026		

General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 26/01/2024 08:00	Type of Location: Expressway
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ2517A	Motorcycle	YAMAHA	MTN155	Black	Seriously Damaged	0
SMX3671M	Motor car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
6 Lompeng Drive SINGAPORE 128496
Tel No: 1800-8729999



T/20240126/2041

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Report No. T/20240126/2041

CONTINUATION OF REPORT

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company			
FBQ2517A	NTUC Income Insurance Co-Operative Limited	5124154388-02	23/08/2023	22/08/2024

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	LEONG YOON TACK	ID No.	G7362696Q
Related Vehicle	FBQ2517A (Motorcycle)	Contact No.	98779775
Hospital/Clinic	CLEMENTI FAMILY & AESTHETIC CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 08/10/2026
Date Treatment	26/01/2024	Date Discharge	26/01/2024
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Shasi Kumaar S/O Supramaniam	ID No.	S7802524G
Related Vehicle	NIL	Contact No.	81233394
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/01/2024 at about 0800hrs I was riding my bike (FBQ2517A) along AYE towards MCE. The traffic was heavy, and I was lane splitting in-between lane 1 & 2 when a car (SMX3671M) out of a sudden switched lane from lane 2 to 1 without signaling causing me to apply emergency brake on my bike. Unfortunately, it was too close and I collided onto the rear right side of the car. The collision was between the front wheel of my motorcycle and the rear right-side bumper of the car. The incident was witnessed by a rider who was behind me. The car also had a in-car camera recording mentioned by the driver. I exchanged particulars with the driver and also took some photographs of the accident before proceeding off from scene. No ambulance or police attended to my accident.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
6 Lompeng Drive SINGAPORE 128496
Tel No: 1800-8729999



T/20240126/2041

Report No. T/20240126/2041

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
D /
SGT 2 Abdul Hafiz Bin Shahul
Hameed

Signature Of Interpreter:
Not applicable

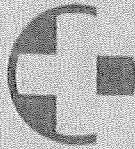
Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

NP168

Signature Of Informant:

Date/Time:
26/01/2024 12:21

Classification Of Case:



Clementi Family & Aesthetic Clinic

321 Clementi Ave 3 #01-14/15 Singapore 129905
Tel: 6776 6177 Fax: 6776 6165

MEDICAL CERTIFICATE

MC No:

17062321940072190

NAME: LEONG YOON TACK

PID: 17062309608267460

NRIC: G7362696Q

This is to certify that the above patient name is Unfit for Work/School

for a period of 3 day(s)

from 26-01-2024 to 28-01-2024 inclusive.

Diagnosis: ① Left knee contusion post RTA
② Left elbow contusion post RTA

Note: This certificate is not valid for absence from court or other judicial proceedings.

DR (Ms.) MALINI MUNISAMY
MCR: 13004D

CLEMENTI FAMILY & AESTHETIC CLINIC

321 Clementi Ave 3

#01-14/15 Singapore 129905

Tel: 6776 6177 Fax: 6776 6165

Dr. Malini Munisamy

26-01-2024

Issued By

RCB No & GST No: 201229723N

Date

RCB No & GST No: 201229723N



**NUHS
Diagnostics**

Clinician : MALINI, MUNISAMY
Location : CLEMENTI FAMILY & AESTHETIC CLINIC
321 CLEMENTI AVE 3
#01-52 S(129905)

Name : LEONG YOON TACK
Exam Date : 26-JAN-2024
Gender : M

DOB : 10-JUN-1983

Patient ID : G7362696Q
Our Ref : 13161619
Performing : Clementi Polyclinic
Location :
Address : Blk 451 Clementi Avenue 3 #02-307
(S) 120451

Radiological Report

XR KNEE AP AND LATERAL LEFT

Bony alignment is preserved. No acute fracture or dislocation is seen.

#R3#

Report Entered By : DR Teo Yi-Ming on 26-JAN-2024 09:50 AM

Report Co read By : DR Teo Yi-Ming on 26-JAN-2024 09:50 AM

Report Approved By : DR Teo Yi-Ming on 26-JAN-2024 09:50 AM

NUHS Diagnostics, 1E Kent Ridge Road, Level 13, Singapore 119228

NUHS Diagnostics - Diagnostic Imaging, Bukit Batok Polyclinic 50 Bukit Batok West Avenue 3, Singapore 659164

NUHS Diagnostics - Diagnostic Imaging, Bukit Panjang Polyclinic 50 Woodlands Road, Singapore 677726

NUHS Diagnostics - Diagnostic Imaging, Choa Chu Kang Polyclinic 2 Teck Whye Crescent, Singapore 688846

NUHS Diagnostics - Diagnostic Imaging, Clementi Polyclinic 451 Clementi Ave 3, #02-307, Singapore 120451

NUHS Diagnostics - Diagnostic Imaging, Jurong Polyclinic 150 Jurong East Avenue 1, Singapore 609788

NUHS Diagnostics - Diagnostic Imaging, Pioneer Polyclinic 20 Jurong West Street 61, Singapore 648201

NUHS Diagnostics - Diagnostic Imaging, Queenstown Polyclinic 580 Siling Road, Singapore 149959

Printed on 26-JAN-2024

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