

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 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 ability.
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 Report	01/06/2018 14:24
Date Of Accident	01/06/2018 08:35
Exact Location Of Accident	PIE TOWARDS TUAS (BEFORE JALAN EUNOS EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX5877J
Insured/Policyholder	
Name Of Registered Owner	LEONG KOK WAH (LIANG GUOHUA)
NRIC No	S7914233F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90703334
Alternative Phone No	OFFICE-90703334

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE 1.6 AT ABS D/AB 2WD 4DR
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096816415 COMP
Cover Note Number	

Driver

Name of Driver	LEONG KOK WAH (LIANG GUOHUA)
NRIC No	S7914233F
Date Of Birth	05/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90703334
Fax Number	
Contact Number	OFFICE-90703334
Email Address	NOEMAIL

Address	BLK 163C #14-264 RIVERVALE CRESCENT RIVERVALE DELTA
Postcode	543163
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES EAST NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 263 TAMPINES STREET 21 #01-128 , POSTCODE: 520263 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7839999 - FAX NO: 67832500
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7257U
Vehicle Make/Model/Colour	HYUNDAI I40 1.7 CRDI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEO SENG HUAT
NRIC/Passport Number	S1257442H
Contact Number	97325979
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEONG KOK WAH (LIANG GUOHUA)
Approximate Age	39
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SJX5877J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 163C #14-264 RIVERVALE CRESCENT RIVERVALE DELTA
Postcode	543163

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time:

- 1 JUN 2018



Driver's Signature

(If driver is not the policyholder)

Date & Time:

AC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 E-mail: vackb@singnet.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Vehicle A: SJX5077J
Vehicle B: SHC7257

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer To Police Report No T/20180601/2073

IDAC KAKI BUKIT (VAC)

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4
Singapore 415933

Tel: 67416697 Fax: 67492305

Email: sg_2b@singnet.com.sg

DECLARATION

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

Policyholder's Signature _____

Date & Time: - 1 JUN 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180601/2073

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Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

Report No. T/20180601/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2018 12:56	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: LEONG KOK WAH			Address: APT BLK 163C RIVERVALE CRESCENT #14-264 SINGAPORE 543163	
ID Type / ID No.: NRIC NO / S7914233F			Contact No.:	Mobile: 90703334
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 39	Date of Birth: 05/05/1979	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2018 08:35	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Tuas before Jalan Eunos Exit				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One 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
SHC7257U	TAXI	HYUNDAI	i40	Yellow	Slightly Damaged	0
SJX5877J	Car	HYUNDAI	AVANTE 1.6 AT ABS D/AB 2WD 4DR	Purple	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

Report No. T/20180601/2073

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX5877J	NTUC Income Insurance Co-Operative Limited	5096816415	22/12/2017	21/12/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TEO SENG HUAT		ID No.	S1257442H
Related Vehicle	SHC7257U (TAXI)		Contact No.	97325979
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
Driver				
Name	LEONG KOK WAH		ID No.	S7914233F
Related Vehicle	SJX5877J (Car)		Contact No.	90703334
Hospital/Clinic	CARE MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	01/06/2018		Date Discharge	01/06/2018
No. of Days granted Medical Leave		04	Degree of Injury	Slight

Brief Details.

On 01/06/2018 at about 0835hrs, I was driving my car Reg no: SJX5877J Hyundai Avante purple in colour along PIE towards Tuas. I was travelling on the first lane and traffic was heavy and slow moving when I slowed down my vehicle to stop as the vehicles in front of my vehicle started to slow down and stop. Suddenly, I felt an impact from the rear of my vehicle. Luckily, I was wearing my seatbelt. I then stop and went out of my vehicle and realized that my car has been hit on the rear side by a yellow in colour Citycab taxi Reg no: SHC7257Y. I checked if my passenger if they require any ambulance. He informed that he is ok. I then exchanged particulars with the taxi driver and took photo of both vehicles. I felt a bit pain but I decided to send my passenger to her destination first.

After dropping my passenger at her destination, I then went to the clinic as I am still feeling pain on my back. I was then given 4 days medical leave. My car suffer dented and scratches on the rear bumper. I could not remember the damages to the taxi.



**SINGAPORE
POLICE FORCE**



T/20180601/2073

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Report No. T/20180601/2073

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20180601/2073

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263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

Report No. T/20180601/2073

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
G /
Sr Staff Sgt MUHAMAD FAISAL BIN MOHD
SALEH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /

Contact No.:

Signature Of Informant:

Date/Time:
01/06/2018 12:56

Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE

Authentication Stamp
NP168