

## 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 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 Report	16/10/2018 17:21
Date Of Accident	15/10/2018 22:30
Exact Location Of Accident	PIE TWDS TUAS - LAMP POST #1132
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT5987G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG ZHAO DE
NRIC No	S8701191G
Email Address	ZHAO_DE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90050146
Alternative Phone No	HOME-64540601

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA305104/1
Cover Note Number	05/01/2018 TO 17/04/2019

### Driver

Name of Driver	LEONG ZHAO DE
NRIC No	S8701191G
Date Of Birth	19/01/1987
Occupation	INDOOR
Date Of Driving Pass	15/08/2006
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90050146
Fax Number	
Contact Number	HOME-64540601
Email Address	ZHAO_DE@HOTMAIL.COM

Address	APT BLK 442 SIN MING AVE #07-427
Postcode	570442
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	4
Passenger 1	NAME: : LIM PEI SHI JANICE GENDER: : FEMALE
Passenger 2	NAME: : LEE CHIN ANN GENDER: : MALE
Passenger 3	NAME: : LEE KANG HAO GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING TO RETRIEVE VIDEO FOOTAGE FRM MEMORY CARD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3699P
Vehicle Make/Model/Colour	HYUNDAI - BLUE

**Details Of Properties**

Vehicle Category	TAXI
Name of Driver	LEOW WEE SONG
NRIC/Passport Number	S7248191G
Contact Number	97917821
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SDQ8178G
Vehicle Make/Model/Colour	MERCEDES BENZ E250 -GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE TECK SIANG
NRIC/Passport Number	S9318888H
Contact Number	96608178
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	LEONG ZHAO DE
Approximate Age	
Injuries Sustain	NECK & SHOULDER
Injured person in which vehicle?	SGT5987G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	LIM PEI SHI JANICE
Approximate Age	
Injuries Sustain	SHOULDER
Injured person in which vehicle?	SGT5987G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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:



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



Reporting Centre Personnel's Signature  
Name: 41a li  
NRIC/FIN No.: 16/10/2018

### Sketch Plan Pg. 2

Date of accident: 15/10/18 Time: 2230hrs Location: PIE twds Tuas - 4/p# 1132  
My Vehicle A: SGT 5987G Vehicle B: SHN 3699P Vehicle C: SDQ 8178G

### SKETCH PLAN

Tow Truck (Stationary) Lamp Post 1132

C → Mercedes (Front Car) - SDQ 81786

A → Mitsubishi Lancer (My Car) - SGT 59879

B → Hyundai Taxi (Back Car) - SHA 3699P

PIE (Twas)

Stationary Tow-Truck

most Right Lane

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach Police Report

☒ Claim OD/TP at Ah Lim Motor      ☐ Claim OD/TP at other workshop      ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address : zhao-de@hotmail.com

**Note:** Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

Vehicle SGT 5987G

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 16110118



ALLIM MOTOR COMPANY



**SINGAPORE  
POLICE FORCE**



T/20181016/2012

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20181016/2012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/10/2018 04:11		Vide Report No.:	Station Diary No.: 19
<b>Informant's Particulars</b>			
Name of Informant: LEONG ZHAO DE		Address: APT BLK 442 SIN-MING AVENUE #07-427 SINGAPORE 570442	
ID Type / ID No.: NRIC NO / S8701191G		Contact No.: Home/Office: Mobile: 90050146	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 31	Date of Birth: 19/01/1987	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SENIOR EXECUTIVE		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/10/2018 22:30	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY  towards TUAS Lamp Post Number: 1132				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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	Condition	No of Passenger
SDQ8178G	Car	MERCEDES BENZ	E 250	Grey	Slightly Damaged	1
SGT5987G	Car	MITSUBISHI	LANCER 1.6 A	Black	Slightly Damaged	3
SHA3699P	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20181016/2012

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20181016/2012

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SGT5987G	AXA INSURANCE SINGAPORE PTE LTD	GA305104	05/01/2018	17/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Lee Teck Siang		ID No.	S9318888H
Related Vehicle	SDQ8178G (Car)		Contact No.	96608178
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 ZHAO DE		ID No.	S8701191G
Related Vehicle	SGT5987G (Car)		Contact No.	90050146
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	NIL		Degree of Injury	NIL
Passenger				
Name	Lim Pei Shi Janice		ID No.	S8729774H
Related Vehicle	SGT5987G (Car)		Contact No.	92985025
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/10/2018		Date Discharge	16/10/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight





**SINGAPORE  
POLICE FORCE**



T/20181016/2012

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Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20181016/2012

## CONTINUATION OF REPORT

Driver			
Name	Leow Wee Song	ID No.	S7248191G
Related Vehicle	SHA3699P (Car)	Contact No.	97917821
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 the 15/10/2018 at 2230hrs, my vehicle (SGT5987G) was travelling along PIE towards TUAS. The weather was clear and traffic volume was moderate. As I was travelling on lane one, I saw one vehicle (SDQ8178G) station from far and I didn't have the chance to change lane. I came to a stop just behind the vehicle. Suddenly, I felt a hit from the rear which caused my vehicle to surged forward and collide with the front vehicle. I came out of my vehicle to make a check. There was a taxi (SHA3699P) which had collided into my vehicle. The damages to the front vehicle is the rear bumper dented. The damages to my vehicle is the front and rear bumper dented. The damages to the taxi is the front bumper. There is an in-car camera installed in my vehicle however not sure if it was recording. There is camera inside the taxi. All driver exchanged particulars, took pictures and left the location.

After the accident, my wife who was one of the passenger felt pain in her shoulder and had went to see the doctor. She received 3 days of medical certificate. I am lodging this report for insurance claim.





**SINGAPORE  
POLICE FORCE**



T/20181016/2012

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Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20181016/2012

## 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:

E /  
Sgt 1 CASSIDY TAN GIA LOK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/10/2018 04:11

Officer In Charge Of Case:

TP / AEIT /  
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SN 061

SIGNATURE