

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	21/03/2019 18:35
Date Of Accident	20/03/2019 03:15
Exact Location Of Accident	MIDDLE ROAD TOWARDS BENCOOLEN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT3623J
Insured/Policyholder	
Name Of Registered Owner	LEONG KIN PENG
NRIC No	S1402484J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97944166
Alternative Phone No	OFFICE-97944166

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE-1.6 L EX (A)
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	5105277348
Cover Note Number	

Driver

Name of Driver	ULYSSES LEONG ZHAN YUAN
NRIC No	S9315323E
Date Of Birth	21/04/1993
Occupation	OUTDOOR
Date Of Driving Pass	03/02/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93376012
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	28 WOODLANDS CRESCENT #10-19
Postcode	738085
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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)	3
Passenger 1	NAME: : JIE YIN HAO GENDER: : MALE
Passenger 2	NAME: : NAH BOON SIANG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5760X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC7092C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJZ115Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TRAN RICHARD
NRIC/Passport Number G5520432U
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ULYSSES LEONG ZHAN YUAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJT3623J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name JIE YIN HAO
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJT3623J
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name NAH BOON SIANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJT3623J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:



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

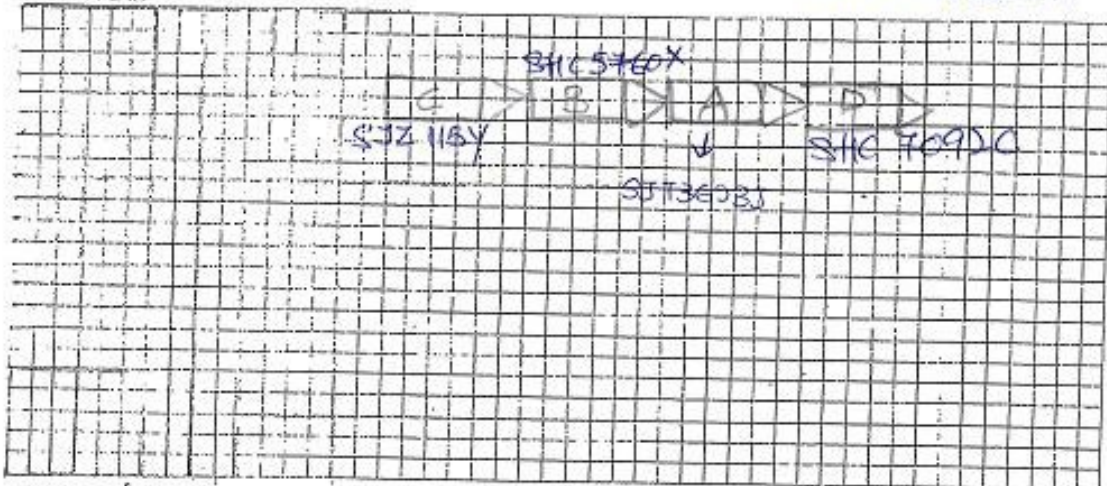


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

VEHA SJT 3623T.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT NO: T/20190321/2081

DECLARATION

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

X 
Policyholder's Signature
Date & Time:


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

Lai
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190321/2081

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

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Report No. T/20190321/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2019 15:19		Vide Report No.:		Station Diary No.: 26	
Informant's Particulars					
Name of Informant: ULYSSES LEONG ZHAN YUAN			Address: 28 WOODLANDS CRESCENT #10-19 SINGAPORE 738085		
ID Type / ID No.: NRIC NO / S9315323E			Contact No.: Home/Office: Mobile: 93376012		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 21/04/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Self-Employed			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2019 03:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 MIDDLE ROAD BENCOOLEN STREET Traffic light junction of Bencoolen Street and Middle Road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7092C	Car	HYUNDAI	i40	Yellow	Slightly Damaged	0
SJT3623J	Car	KIA	Cerato	Blue	Slightly Damaged	2
SJZ115Y	Car	MERCEDES BENZ		Grey	Slightly Damaged	0

Details of Person Involved

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20190321/2081

2 of 4

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20190321/2081

CONTINUATION OF REPORT

Driver			
Name	ULYSSES LEONG ZHAN YUAN	ID No.	S9315323E
Related Vehicle	SJT3623J (Car)	Contact No.	93376012
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/03/2019	Date Discharge	20/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Tran Richard	ID No.	G5520432U
Related Vehicle	SJZ115Y (Car)	Contact No.	NIL
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 20/03/2019 at about 0315hrs, I was driving my vehicle (SJT3623J) along Middle Road when I stopped at the traffic light junction of Middle Road and Bencoolen Street behind another taxi (SHC 7092C). I noticed that there was another vehicle which stopped behind my vehicle after which. All of a sudden, my friend namely Jie Yin Hao and I then felt an impact from the rear of my vehicle which had caused my vehicle to surge forward and collided into the front taxi (SHC7092C). I alighted from my vehicle to make a check and discovered that the collision is caused by another vehicle (SJZ115Y) which had collided into the rear taxi (Unknown number plate). As such, this is a chain collision involving 4 vehicles in total. My vehicle damages as follow: Dent and crack on front bumper and number plate, front bonnet cannot be closed, dented rear bumper and boot cannot be closed. Damage of the front taxi (SHC7092C) is dent on the rear, damage of the rear taxi (unknown number plate) is dent on the front and rear and the damage for the last vehicle (SJZ115Y) is dent on the front. I have seek medical treatment at Tan Tock Seng Hospital and was given 3 days of MC.

I wish to state that I am unsure of the actual damage of the other mentioned vehicles. I am also unsure about the total number of passengers in the other vehicles. I did not manage to capture the number plate of the rear taxi (unknown number plate). I had only exchanged particulars with the last vehicle (SJZ115Y) as it was the reason for the chain collision.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20190321/2081

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

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Report No. T/20190321/2081

CONTINUATION OF REPORT

Sketch Plan #6



**SINGAPORE
POLICE FORCE**



T/20190321/2081

4 of 4

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20190321/2081

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 3 NG JUN MING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

21/03/2019 15:19

Classification Of Case:

708 / 1

Authentication Stamp
NP168 POLICE FORCE

SN 167

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



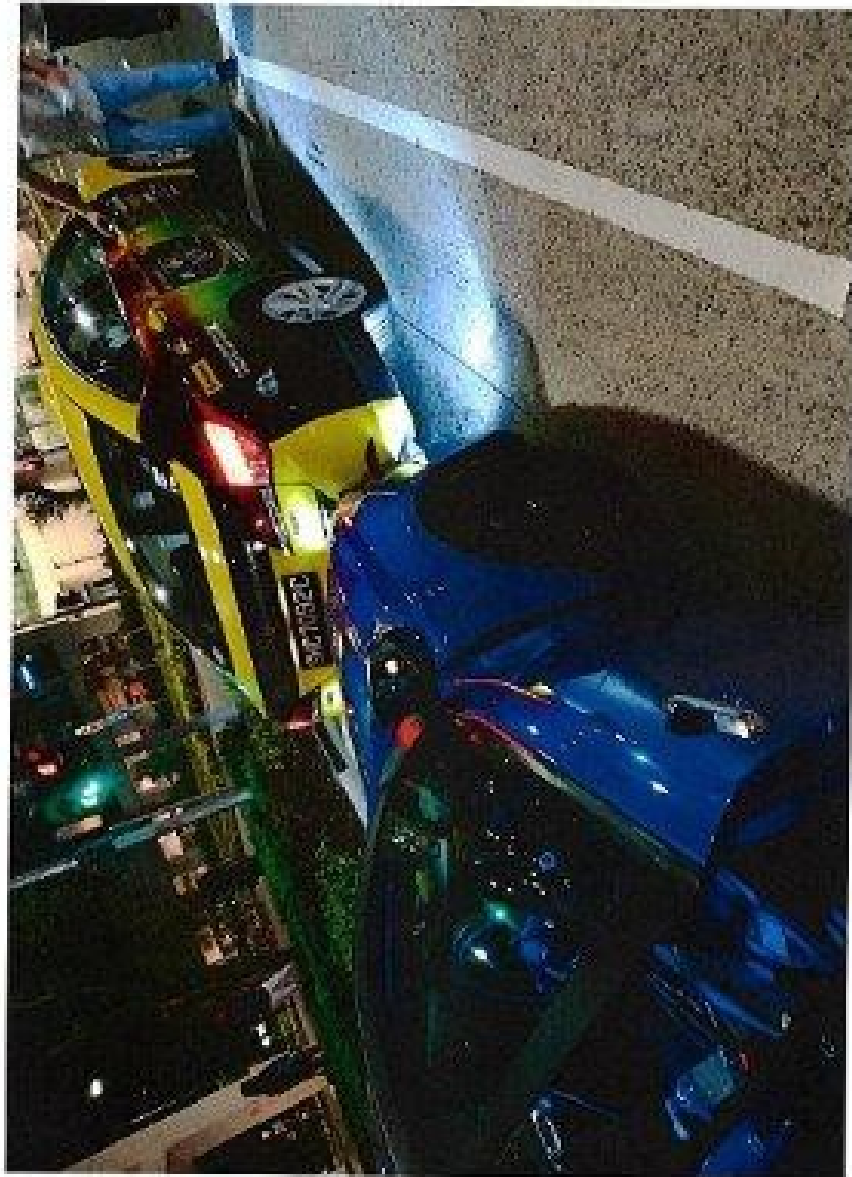
Accident Photo



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