

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	04/04/2019 16:21
Date Of Accident	03/04/2019 14:00
Exact Location Of Accident	SLE EXIT 9 SLIP ROAD INTO WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV7160B
Insured/Policyholder	
Name Of Registered Owner	LEONG WEI CHEONG
NRIC No	S7605322G
Email Address	LWEICHEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94781141
Alternative Phone No	OTHERS-94781141

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01010879
Cover Note Number	N.A

Driver

Name of Driver	LEONG WEI CHEONG
NRIC No	S7605322G
Date Of Birth	19/02/1976
Occupation	INDOOR
Date Of Driving Pass	10/01/1995
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94781141
Fax Number	
Contact Number	OTHERS-94781141
Email Address	LWEICHEO@GMAIL.COM

Address	NIL
Postcode	
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	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	2
Was any body injured in the Accident?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I was travelling along SLE EXIT 9 SLIP ROAD INTO WOODLANDS AVE 12. The traffic was moderate. I was on the right lane waiting for the traffic to turn green. My vehicle was stationary when vehicle SKZ6501P from the back didn't stopped on time and hit my rear bumper of my vehicle. Damages to my vehicle on the rear portion. No injuries were involved.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ6501P
Vehicle Make/Model/Colour	MITSUBISHI OUTLANDER 2.4 CVT AWD S/R FACELIFT / DARK GREY
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	NEO BEE BEE
NRIC/Passport Number	S7327432Z
Contact Number	90609922
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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 the 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.

**VERIFIED BY AJAX MARS
REPORTING OFFICER**

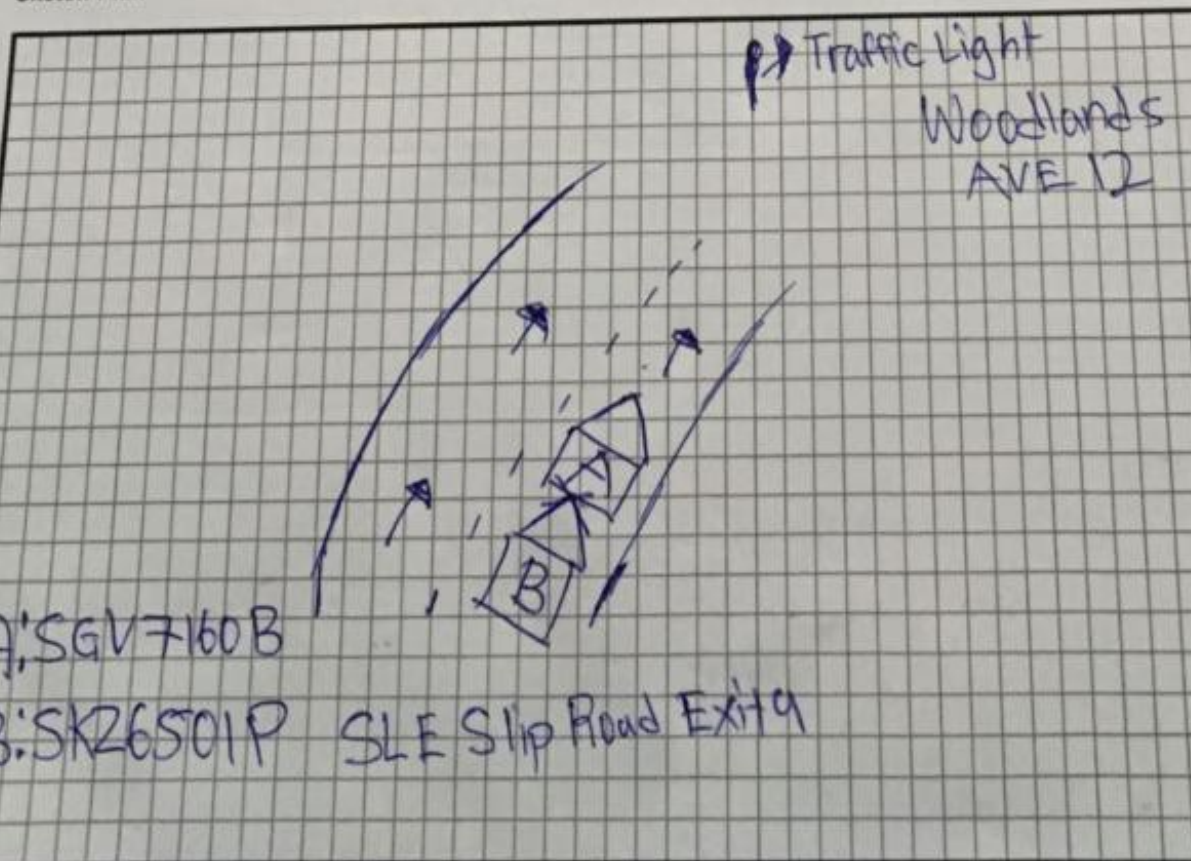
Muhammad Firza Bin Ideris

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was travelling along SLE EXIT 9 SLIP ROAD INTO WOODLANDS AVE 12. The traffic was moderate. I was on the right lane waiting for the traffic to turn green. My vehicle was stationary when vehicle SKZ6501P from the back didn't stopped on time and hit my rear bumper of my vehicle. Damages to my vehicle on the rear portion. No injuries were involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD FIRZA BIN IDERIS

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

3 April 2019 at 8:11 PM

Date/Time:

3 April 2019 at 8:11 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7605322G



Name
LEONG WEI CHEONG
梁伟昌

Race
CHINESE

Date of birth
19-02-1976

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7605322G
Name
LEONG WEI CHEONG

Birth Date 19 Feb 1976
Issue Date 18 Dec 2002



000049291D



Driving License

30 2715 8



NRIC No: S7605322G



Date of issue
27-02-2006

APT BLK 103 HOUGANG AVENUE 1 #04-1129
SINGAPORE 530103
NRIC No: S7605322G Date: 26/09/2011 No: 6927425

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
10 Jan 1995

NP 428A

Licence No: S7605322G



PICS BY INSURED



PICS BY INSURED



PICS BY INSURED

