

## 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	17/06/2019 17:18
Date Of Accident	15/06/2019 22:15
Exact Location Of Accident	CTE NEAR EXIT 4 ORCHARD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ1072P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHENG WAI LEONG
NRIC No	S6862299I
Email Address	CWL1968@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91057666
Alternative Phone No	OTHERS-91057666

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5101365776
Cover Note Number	

### Driver

Name of Driver	CHENG WAI LEONG
NRIC No	S6862299I
Date Of Birth	03/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/08/1997
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91057666
Fax Number	
Contact Number	OTHERS-91057666
Email Address	CWL1968@HOTMAIL.COM

Address	BLK 802 WOODLANDS STREET 81 #07-73
Postcode	730802
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?	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: : NA GENDER: : FEMALE
Passenger 2	NAME: : NA GENDER: : FEMALE
Passenger 3	NAME: : NA 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 POLICE REPORT

#### 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	YP5418R
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

PERIYASAMY KASIMANI

NRIC/Passport Number

F8159579T

Contact Number

91240235

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

CHENG WAI LEONG

Approximate Age

Injuries Sustain

REFER REPORT

Injured person in which vehicle?

SJJ1072P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

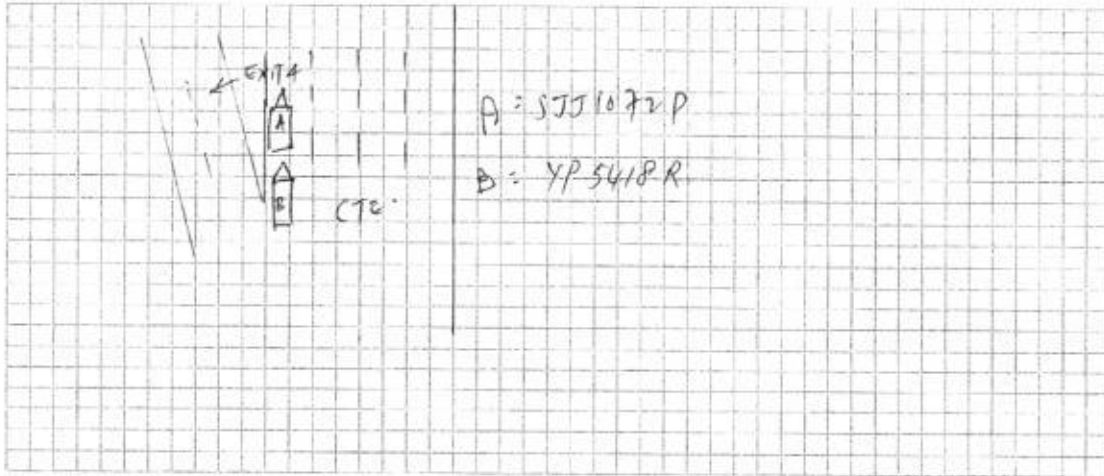
Address

Postcode



## Sketch Plan #2 Pg. 1

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref police report

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20190617/2091

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/20190617/2091

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/06/2019 15:04	Vide Report No.:	Station Diary No.: 76
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**Informant's Particulars**

Name of Informant: CHENG WAI LEONG			Address: APT BLK 802 WOODLANDS STREET 81 #07-73 SINGAPORE 730802		
ID Type / ID No.: NRIC NO / S68622991			Contact No.: Home/Office: Mobile: 91057666		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 03/08/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Safety coordinator and part-time Grab driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/06/2019 22:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY  CTE towards Neil Rd, near Orchard Rd Exit 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SJJ1072P	Car	TOYOTA	WISH 1.8 AUTO	Silver	Seriously Damaged	3
YP5418R	Lorry	MITSUBISHI	CANTER 3.0 MANUAL	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ1072P	NTUC Income Insurance Co-Operative Limited	5101365776	18/06/2018	31/08/2019



**SINGAPORE  
POLICE FORCE**



T/20190617/2091

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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/20190617/2091

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHENG WAI LEONG	ID No.	S68622991
Related Vehicle	SJJ1072P (Car)	Contact No.	91057666
Hospital/Clinic	NOVENA MEDICAL CENTER FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/06/2019	Date Discharge	15/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	PERIYASAMY KASIMANI	ID No.	F8159579T
Related Vehicle	YP5418R (Lorry)	Contact No.	91240235
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 15/6/19 at about 2200hrs, I was travelling along CTE towards Neil Rd, near Orchard Rd Exit 4 on the extreme left lane in my Grab vehicle (SJJ1072P). I wish to state that I was carrying 3 passengers at that point of time.

While travelling, there was taxi that is two ahead in front of me and the taxi driver had stopped at the road side all of a sudden. This caused another taxi in front of me to jam brake. I also jam braked and stopped my vehicle however there was a lorry coming from my rear (YP5418R). The lorry driver was unable to stop in time and hit onto the rear of my vehicle.

The lorry driver and I alighted from our vehicles to check on the damages to the vehicle and also to exchange particulars. After doing so, we then drove off and I managed to send my passengers to their destinations. I have an in-built camera (front view) in my vehicle. The rear portion of my vehicle was badly dented and the rear windscreen was broken. No Traffic Police or ambulance at scene. No government property damaged and nobody injured at that point of time. However later, I felt pains on my neck and back as such I went to Novena Medical Centre and was given 3 days of MC. On 16/6/19, I was informed by GRAB that the passenger had MC however I have no details of it yet.





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Report No. T/20190617/2091

CONTINUATION OF REPORT



**SINGAPORE  
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T/20190617/2091

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Report No. T/20190617/2091

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 NUR SAHIDAH BINTE IBRAHIM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / AEIT /  
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID  
Contact No.: 65476172Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
17/06/2019 15:04

Classification Of Case:

SN 061

SIGNATURE