

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	23/09/2019 19:34
Date Of Accident	22/09/2019 17:45
Exact Location Of Accident	MIDDLE RD TWDS NORTH BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE1594C
Insured/Policyholder	
Name Of Registered Owner	LEONG FOOK WAH
NRIC No	S1478789E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84655466
Alternative Phone No	OFFICE-84655466

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA 1.5X A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5098674639-01
Cover Note Number	

Driver

Name of Driver	LEONG FOOK WAH
NRIC No	S1478789E
Date Of Birth	11/10/1961
Occupation	INDOOR
Date Of Driving Pass	29/06/1979
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84655466
Fax Number	
Contact Number	OFFICE-84655466
Email Address	NOEMAIL

Address	BLK 704 CHOA CHU KANG STREET 53 #13-74
Postcode	680704
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)	7
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : MALE
Passenger 5	NAME: : - GENDER: : MALE
Passenger 6	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190923/7006 & T/20191003/7017.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS8283Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEONG FOOK WAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLE1594C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN


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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:

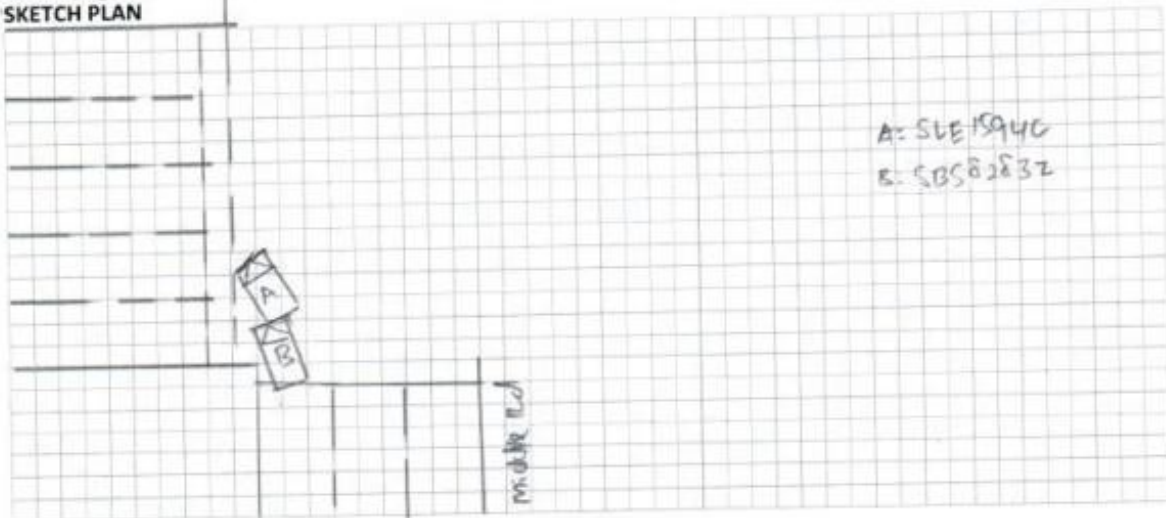

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

Nxam Bridge Rd.

SKETCH PLAN



A: SLE1944G

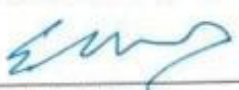
B: SBS8283Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/19 0923/7006.

DECLARATION

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



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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190923/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190923/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2019 12:02	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LEONG FOOK WAH			Address: APT BLK 704 CHOA CHU KANG STREET 53 #13-74 SINGAPORE 680704		
ID Type / ID No.: NRIC NO / S1478789E			Contact No.: Home/Office: Mobile: 84655466		
Nationality: SINGAPORE CITIZEN			Email: Lpts_ed@yahoo.com.sg		
Sex: Male	Age: 57	Date of Birth: 11/10/1961	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Premises and facilities maintenance manager			Driving Licence Information: Class: 3		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: 15/09/2019 17:45	Type of Location: T-Junction
Location:				
Middle road				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Policeman Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE1594C	Car	TOYOTA	SIENTA 1.5X A	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE1594C	NTUC Income Insurance Co-Operative Limited	5098674639-01	06/03/2019	11/07/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190923/7006

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190923/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEONG FOOK WAH	ID No.	S1478789E
Related Vehicle	SLE1594C (Car)	Contact No.	84655466
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/09/2019	Date Discharge	22/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above date and time, I was making a left turn from second lane to of middle road to toward north bridge road. On the junction, there was traffic police controlling the junction , as there was pedestrians crossing the road, I came into a complete stop giving way to the pedestrians. A SBS bus came from my behind and wide turn colliding to the left side of my stationary vehicle damaging the left part. At that point , i ask mine Grab Passengers, and they told me there were not injured.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190923/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190923/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/09/2019 12:02

Classification Of Case:

Police Report



**SINGAPORE
POLICE FORCE**



T/20191003/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191003/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2019 16:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEONG FOOK WAH			Address: APT BLK 704 CHOA CHU KANG STREET 53 #13-74 SINGAPORE 680704		
ID Type / ID No.: NRIC NO / S1478789E			Contact No.: Home/Office: Mobile: 84655466		
Nationality: SINGAPORE CITIZEN			Email: Lpts_ed@yahoo.com.sg		
Sex: Male	Age: 57	Date of Birth: 11/10/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Premises and facilities maintenance manager			Driving Licence Information: Class: 3 Date of Expiry: 03/10/2019		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/09/2019 17:45	Type of Location: T-Junction
Location: NORTH BRIDGE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Policeman Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS8283Z	Bus/Coach/Minibus					0
SLE1594C	Car	TOYOTA	SIENTA 1.5X A	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE1594C	NTUC Income Insurance Co-Operative Limited	5098674639-01	06/03/2019	11/07/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20191003/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191003/7017

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/10/2019 16:33

Classification Of Case:

Police Report



**SINGAPORE
POLICE FORCE**



T/20191003/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191003/7017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEONG FOOK WAH	ID No.	S1478789E
Related Vehicle	SLE1594C (Car)	Contact No.	84655466
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 03/10/2019
Date Treatment	22/09/2019	Date Discharge	22/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above date and time, I was making a left turn from second lane of middle road towards North Bridge road. On the junction, there was a traffic police controlling the junction. As there was pedestrians crossing the road, I came into a complete stop giving way to the pedestrians. A SBS bus came from my behind and wide turn colliding to the left side of my stationery vehicle damaging the left part. At that point, I ask mine Grab passenger, and they told me they were not injured.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119126154 Vehicle Registration No: SLE1594C
Name(as shown in NRIC) : LEONG FOOK WAH NRIC/FIN/Passport No : S1478789E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 704 CHOA CHU KANG STREET 53 #13-74 Singapore(680704)
Contact (Tel) : _____ Mobile No. : 84655466
Email Address : _____
Date of Accident : 15/09/2019 Time of Accident : 17:45
Place of Accident : MIDDLE RD TWDS NORTH BRIDGE RD
Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend date of accident. _____



Policyholder / Driver's Signature
Date:



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