

## 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             | 29/10/2019 09:10         |
| Date Of Accident           | 26/10/2019 13:50         |
| Exact Location Of Accident | BLK 90 BEDOK NORTH AVE 4 |
| Country/State of Loss      | SINGAPORE                |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKE1895X             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | J4 LEASING           |
| Co Reg No                   | 53326516M            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-92319945 |
| Alternative Phone No        | OFFICE-92319945      |

### Vehicle Particulars

|  |                                 |
|--|---------------------------------|
| Manufacturer   | HYUNDAI                         |
| Model  | ELANTRA 1.6 AT ABS D/AB 2WD 4DR |
| 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             | 5097973115-01                          |
| Cover Note Number         |  |

### Driver

|                      |                               |
|----------------------|-------------------------------|
| Name of Driver       | LEONG CHUN KIT (LIANG JUNJIE) |
| NRIC No              | S7611521D                     |
| Date Of Birth        | 11/04/1976                    |
| Occupation           | OUTDOOR                       |
| Date Of Driving Pass | 16/01/2008                    |
| Driving Experience   | 11 YEARS AND 9 MONTHS         |
| Gender               | MALE                          |
| Mobile Number        | (LOCAL) +65-92319945          |
| Fax Number           |                               |
| Contact Number       | OFFICE-92319945               |
| Email Address        | NOEMAIL                       |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 108 BEDOK NORTH ROAD<br>#08-2210 |
| Postcode  | 460108                               |
| Was driver an employee of the Insured's Company     | YES                                  |
| If No, Relationship of the Driver with the Insured  |                                      |
| 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 | RAINING                    |
| Road Surface       | WET                        |

#### 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)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | GEYLANG NEIGHBOURHOOD POLICE CENTRE  |
| Police Station Address                    | <b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799                                  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191029/2052

#### 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 | XE4343Z            |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              | YANG DAJUN         |
| NRIC/Passport Number        |                    |
| Contact Number              | 91210859           |
| Address                     |                    |
| Postcode                    |                    |
| Insurance Company Name      |                    |

Nature Of Damage

No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1                         |                               |
|---|-------------------------------|
| Name  | LEONG CHUN KIT (LIANG JUNJIE) |
| Approximate Age                                     |                               |
| Injuries Sustain                                    | BODY                          |
| Injured person in which vehicle?                    | SKE1895X                      |
| 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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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.:

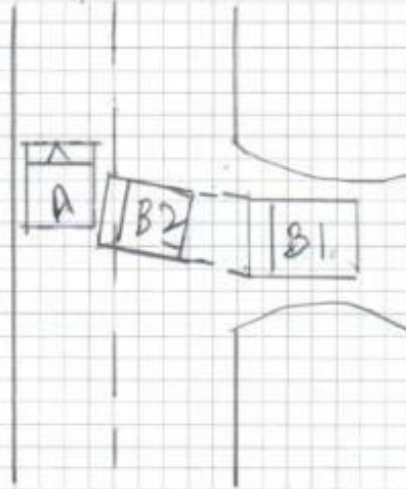
# Accident Sketch Plan

## SKETCH PLAN

BLK 90 BEDOK NORTH AVENUE 4

A) SKE 1895X

B) XE 4343Z



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/10/2019, I was on my way to pick up my riders. I went passed the carpark gantry and drive straight. Suddenly I felt an impact from my right side. I stopped my car and came out, saw a rubbish truck (XE 4343Z) damaged my rear right side of my car.

## 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/20191029/2052

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 3

Report No. T/20191029/2052

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>29/10/2019 12:24 | Vide Report No.: | Station Diary No.:<br>53 |
|--|------------------|--------------------------|

|  |            |  |                              |
|--|------------|--|------------------------------|
| <b>Informant's Particulars</b>           |            |  |                              |
| Name of Informant:<br>LEONG CHUN KIT     |            | Address:<br>APT BLK 108 BEDOK NORTH ROAD #08-2210 SINGAPORE 460108 |                              |
| ID Type / ID No.:<br>NRIC NO / S7611521D |            | Contact No.:<br>Home/Office: Mobile: 92319945                      |                              |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:   |                              |
| Sex:<br>Male                             | Age:<br>43 | Date of Birth:<br>11/04/1976                                       | Type of Informant:<br>Driver |
| Race:<br>Chinese                         |            | Language:  | Institution / School Name:   |
| Occupation:<br>GRAB DRIVER               |            | Driving Licence Information:<br>Class: 3A Date of Expiry:          |                              |

## General Information of the Accident

|   |                  |                                    |  |                                    |
|---|------------------|------------------------------------|--|------------------------------------|
| Type of Accident:   | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>26/10/2019 15:30 | Type of Location:<br>Straight Road |
| Location:<br><br>BEDOK NORTH AVENUE 4<br><br>Block 90 Bedok North Avenue 4 Open Carpark |                  |                                    |  |                                    |
| Weather:<br>Heavy rain  |                  | Road Surface:<br>Wet               | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>Two Way  |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>No Traffic              |                                    |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction             |                  |                                    | Anyone conveyed by ambulance:<br>No        |                                    |

## Details of Vehicle Involved

| Vehicle No. | Type  | Make | Model | Color | Condition         | No of Passenger |
|-------------|-------|------|-------|-------|-------------------|-----------------|
| SKE1895X    | Car   |      |       |       | Seriously Damaged | 0               |
| XE4343Z     | Lorry |      |       |       | No Damage         | 0               |

## Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191029/2052

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20191029/2052

## CONTINUATION OF REPORT

|                                   |                                  |                  |   |
|-----------------------------------|----------------------------------|------------------|---|
| <b>Driver</b>                     |                                  |                  |   |
| Name                              | LEONG CHUN KIT                   |                  | ID No. S7611521D  |
| Related Vehicle                   | SKE1895X (Car)                   |                  | Contact No. 92319945  |
| Hospital/Clinic                   | ADVANCE CLINIC & SURGERY PTE LTD |                  | Class of Driving Licence & Expiry Date<br>Class: 3A<br>Date of Expiry: NIL  |
| Date Treatment                    | 29/10/2019                       | Date Discharge   | 29/10/2019  |
| No. of Days granted Medical Leave | 03                               | Degree of Injury | Slight  |
| <b>Driver</b>                     |                                  |                  |   |
| Name                              | Yang Dajun                       |                  | ID No. G2612052M  |
| Related Vehicle                   | XE4343Z (Lorry)                  |                  | Contact No. 91210859  |
| Hospital/Clinic                   | NIL                              |                  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                              | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL                              | Degree of Injury | NIL   |

### Brief Details.

On 26/10/2019 at about 3:30pm, I was driving my vehicle (Registration Number: SKE1895X) along Bedok North Ave 4. After I turned into the open space carpark of Block 90 Bedok North Avenue 4 and is proceeding straight right after entering the Gantry. There was a rubbish truck (Registration Number: XE4343Z) whom was collecting rubbish at the central rubbish chute.

When I was passing the Rubbish Truck, the rubbish truck began to accelerate forward and it collided into the right passenger side door, causing my passenger side door to be severely dented and also caused it to be unable to open.

I then got off the vehicle and exchanged my particulars with the driver and I went to Advance Clinic & Surgery Pte Ltd on 29/10/2019 whom awarded me with 3 days MC due to Neck Pain.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191029/2052

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20191029/2052

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:

G /

Sgt 1 CHUN KHANG YEE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

29/10/2019 12:24

Classification Of Case:



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: S66500206 / 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 : MNA119142335 Vehicle Registration No: SKE1895X  
Name(as shown in NRIC) : J4 LEASING NRIC/FIN/Passport No : 53326516M  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 92319945  
Email Address : \_\_\_\_\_  
Date of Accident : 26/10/2019 Time of Accident : 13:50  
Place of Accident : BLK 90 BEDOK NORTH AVE 4  
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:

Add in police report - T/20191029/2052.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Policyholder / Driver's Signature  
Date:

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