

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	10/12/2019 17:01
Date Of Accident	09/12/2019 22:00
Exact Location Of Accident	ALONG NICOLL HIGHWAY/MIDDLE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9576Y
Insured/Policyholder	
Name Of Registered Owner	RABBIT CAR RENTAL PTE. LTD.
Co Reg No	201916547M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92211066

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	WORK
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	YES
Policy Number	5110778790
Cover Note Number	

Driver

Name of Driver	LEONG XIA WEN
NRIC No	S8728497B
Date Of Birth	16/09/1987
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2007
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98298521
Fax Number	
Contact Number	
Email Address	LEONG.XIAWEN@GMAIL.COM

Address	21 ELLIOT ROAD
Postcode	458703
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191210/2000

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF3918C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD NUR ISKANDAR BIN MOKHTAR
NRIC/Passport Number	
Contact Number	86504340
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LEONG XIA WEN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLF9576Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

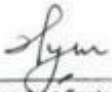
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

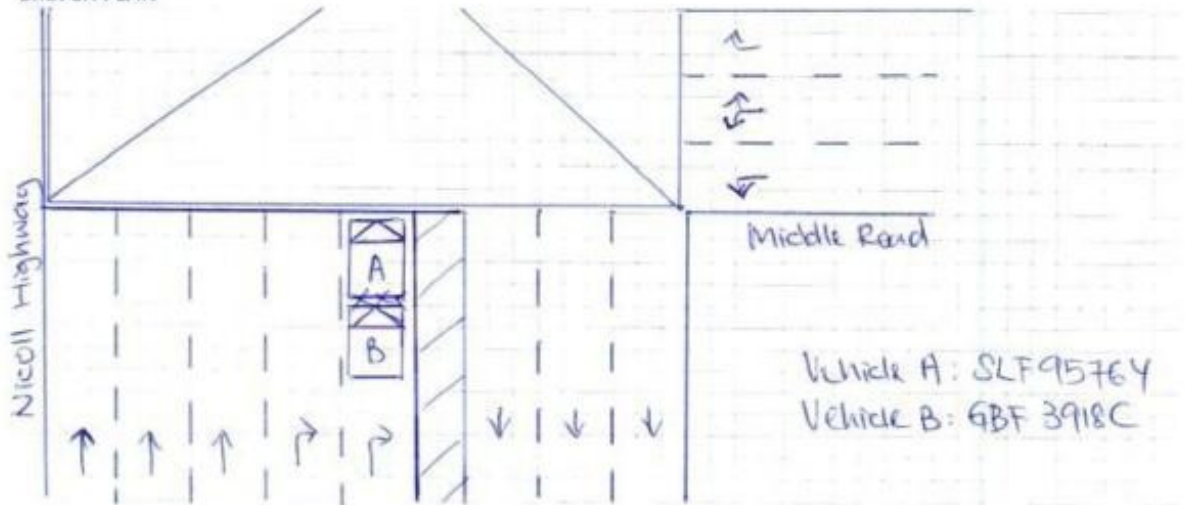

Policyholder's Signature
Date & Time:


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

 10/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/20191210/2000

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191210/2000

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3
Report No. T/20191210/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD NUR ISKANDAR BIN MOKHTAR	ID No.	S8708137J
Related Vehicle	GBF3918C (Van)	Contact No.	86504340
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
Driver			
Name	LEONG XIA WEN	ID No.	S8728497B
Related Vehicle	SLF9576Y (Car)	Contact No.	98298521
Hospital/Clinic	ACCESS MEDICAL (EAST COAST)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/12/2019	Date Discharge	09/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 09/12/2019 @ 2251hrs, I was in my car, SLF9576Y, on lane 1 of Nicoll Highway (towards Lau Pa Sat) junction Middle Road. The traffic light was showing red and I was the first vehicle at the said traffic light, waiting to turn right into Middle Road. While waiting, I suddenly felt a hard impact coming from the rear of my car. I went down to check and realized that a van, GBF3918C, had collided onto the rear portion of my car. No one seems injured then thus we exchanged particulars and decided to settle the matter via insurance. I subsequently do not feel too well and went to see a doctor where I was given 3 days of medical leave. That's all.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20191210/2000

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 489678
Tel No: 1800-2448999

1 of 3

Report No: T/20191210/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2019 00:28	Video Report No.:	Station Diary No.: 10
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Informant's Particulars				
Name of Informant: LEONG XIA WEN			Address: 21 ELLIOT ROAD #04-02 SINGAPORE 458703	
ID Type / ID No.: NRIC NO / S8728497B			Contact No.: Home/Office: Mobile: 96298521	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 32	Date of Birth: 16/09/1987	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			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: 09/12/2019 22:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 NICOLL HIGHWAY MIDDLE ROAD Nicoll Highway towards Lau Pa Sat junction Middle Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Stopped Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF3918C	Van	FIAT		White	Slightly Damaged	0
SLF9578Y	Car	HONDA	Vezel	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF9578Y	NTUC Income Insurance Co-Operative Limited	5110778790-000034	22/11/2019	21/11/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/2019/1210/2000

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 489878
Tel No: 1800-2449999

2 of 3
Report No: T/2019/1210/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD NUR ISKANDAR BIN MOKHTAR	ID No.	S8708137J
Related Vehicle	GBF3918C (Van)	Contact No.	86504340
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
Driver			
Name	LEONG XIA WEN	ID No.	S8728487B
Related Vehicle	SLF9576Y (Car)	Contact No.	98298521
Hospital/Clinic	ACCESS MEDICAL (EAST COAST)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/12/2019	Date Discharge	09/12/2019
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Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 466676
Tel No: 1800-2446996



T/2019/1210/2000

3 of 3

Report No: T/2019/1210/2000

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report G/ Sr Staff Sgt MOHAMMAD FADZLI BIN JAMALUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2019 00:29
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

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