

## 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	07/01/2020 18:05
Date Of Accident	07/01/2020 11:20
Exact Location Of Accident	EU TONG SEN ST TWRDS HAVRELOCK RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL6848A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG CAI RONG, EUGENCE (LIANG CAIRONG, EUGENCE)
NRIC No	SXXXX297E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90695112
Alternative Phone No	OTHERS-90695112

### Vehicle Particulars

Manufacturer	HONDA
Model	CROSSROAD 1.8 A

Exact Purpose for which vehicle was being used at time of accident

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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106099615-01
Cover Note Number	

### Driver

Name of Driver	LEONG CAI RONG, EUGENCE (LIANG CAIRONG, EUGENCE)
NRIC No	SXXXX297E
Date Of Birth	06/06/1982
Occupation	INDOOR
Date Of Driving Pass	27/09/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90695112
Fax Number	
Contact Number	OTHERS-90695112
EMail Address	NOEMAIL

Address	BLK 2 #03-55 EVERTON PARK EVERTON PARK
Postcode	081002
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)	1

### 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
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

AS PER POLICE REPORT No. T/20200107/7017;

### 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	GBD4374A
Vehicle Make/Model/Colour	TOYOTA DYNA 150 MANUAL
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 CAI RONG, EUGENCE (LIANG CAIRONG, EUGENCE)
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJL6848A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 2 #03-55 EVERTON PARK EVERTON PARK
Postcode	081002

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

TRAC REPORT (YAC)  
22 Upper Circular Road #4-400/008  
Singapore 050045  
Tel: 6779-4444 Fax: 6779-4405  
E-mail: trac@trac.com.sg

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



# Accident Sketch Plan

SKETCH PLAN

Havelock Rd

Vehicle A: SJL6848A  
Vehicle B: GBD4374A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT *Eu Tong Sen St*

*Refer to Police Report*

### DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

*[Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/Fin No:

## Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200107/7017

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

1 of 3

Report No. T/20200107/7017

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2020 15:52		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LEONG CAI RONG, EUGENCE			Address: APT BLK 2 EVERTON PARK #03-55 SINGAPORE 081002		
ID Type / ID No.: NRIC NO / S8317297E			Contact No.: Home/Office:		Mobile: 90695112
Nationality: SINGAPORE CITIZEN			Email: enquiry@rico60.com		
Sex: Male	Age: 36	Date of Birth: 06/06/1983	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: IT		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: 07/01/2020 11:20	Type of Location: X-Junction
Location:  EU TONG SEN STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume Heavy
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
GBD4374A	Lorry					0
SJL6848A	Car	HONDA	CROSSROAD 1.8 A	Grey		0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL6848A	NTUC Income Insurance Co-Operative Limited	5106099615-01	09/12/2019	08/12/2020

Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200107/7017

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

2 of 3

Report No. T/20200107/7017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEONG CAI RONG, EUGENCE	ID No.	S8317297E
Related Vehicle	SJL6848A (Car)	Contact No.	90895112
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/01/2020	Date Discharge	07/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details

ON THE STATED DATE & TIME, I, VEHICLE A WAS TRAVELLING STRAIGHT ON THE STATED VENUE. DUE TO THE HEAVY TRAFFIC, VEHICLE WAS TRAVELLING SLOW WHEN THE FRONT VEHICLE SLOW DOWN AND STOP I FOLLOWED SUIT. SUDDENLY I FELT AN HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. I THEN REALISE THAT VEHICLE B HAD COLLIDED ONTO MY VEHICLE.

I WISH TO STATE THAT I'M INJURED WITH NECK & BACK PAIN

CLINIC : Intemedical 24 Hr Clinic

Accident Sketch Plan



SINGAPORE  
POLICE FORCE



T/20200107/7017

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

3 of 3

Report No. T/20200107/7017

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 / 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:  
07/01/2020 15.52

Classification Of Case: