

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	11/09/2020 11:57
Date Of Accident	10/09/2020 18:10
Exact Location Of Accident	PIE (TUAS) BEFORE KALLANG BAHRU EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS7723H
Insured/Policyholder	
Name Of Registered Owner	SF LEASING PTE LTD
Co Reg No	2XXXXX564D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	YES
Policy Number	5118667490
Cover Note Number	

Driver

Name of Driver	LEONG WENG TAT (LIANG RONGDA)
NRIC No	SXXXX195G
Date Of Birth	27/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2003
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81211330
Fax Number	
Contact Number	OFFICE-81211330
Email Address	NOEMAIL

Address	BLK 108A CANBERRA WALK #04-17
Postcode	751108
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	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200910/2134.

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	SFT283Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

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

SLJ3880L

PRIVATE CAR

1

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

LEONG WENG TAT (LIANG RONGDA)

BODY

SJS7723H

YES

NO

Accident Sketch Plan

SKETCH PLAN

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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

Refer to attached sketch plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2020912/2134

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.:

Accident Sketch Plan

20/9/2020

18-10 PM

SSS 7723H



Police Report



**SINGAPORE
POLICE FORCE**



T/20200910/2134

1 of 4

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20200910/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2020 23:14	Vide Report No.:	Station Diary No.: 53
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Informant's Particulars

Name of Informant: LEONG WENG TAT	Address: APT BLK 108A CANBERRA WALK #04-17 SINGAPORE 751108		
ID Type / ID No.: NRIC NO / S8338195G	Contact No.:	Mobile: 81211330	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 36	Date of Birth: 27/11/1983	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: PHV DRIVER	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: 10/09/2020 18:10	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
SFT283Z	Car	BMW	316I	Brown		0
SJS7723H	Car	TOYOTA	VIOS	Silver	Seriously Damaged	1
SLJ3880L	Car	HONDA	SHUTTLE	Grey		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200910/2134

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Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20200910/2134

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOY	ID No.	NIL
Related Vehicle	SFT283Z (Car)	Contact No.	92282832
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 WENG TAT	ID No.	S8338195G
Related Vehicle	SJS7723H (Car)	Contact No.	81211330
Hospital/Clinic	UNIHEALTH CLINIC (BEDOK)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/09/2020	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	DANIEL	ID No.	NIL
Related Vehicle	SLJ3880L (Car)	Contact No.	96313704
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 the 10/09/2020 at about 1810hrs, I was driving my vehicle bearing registration number SJS7723H along the PIE towards Tuas. I had one passenger with me seated at the rear.

While I was travelling on the lane 1 near to the section of Kallang Bahru, the vehicle in front of me came to a complete stop amidst the heavy and slow moving traffic. Almost immediately after I came to a complete stop as well, I suddenly felt an impact coming from the rear. I later realized that it was a chain collision.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200910/2134

3 of 4

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No: T/20200910/2134

CONTINUATION OF REPORT

The vehicle behind me - SFT283Z - had jerked forward and hit onto my rear after the third vehicle - SLJ3880L - collided onto it.

Due to the impact, I sustained slight injuries and was given 4 days unfit for duty from 10/09/2020 - 13/09/2020. My vehicle sustained damages at the rear and had to be towed off.

I wish to state that I do not have any rear-facing in car camera.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200910/2134

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20200910/2134

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 /
Sr Staff Sgt MUHAMMAD AZHAR BIN
MISSUAN

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/09/2020 23:14

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

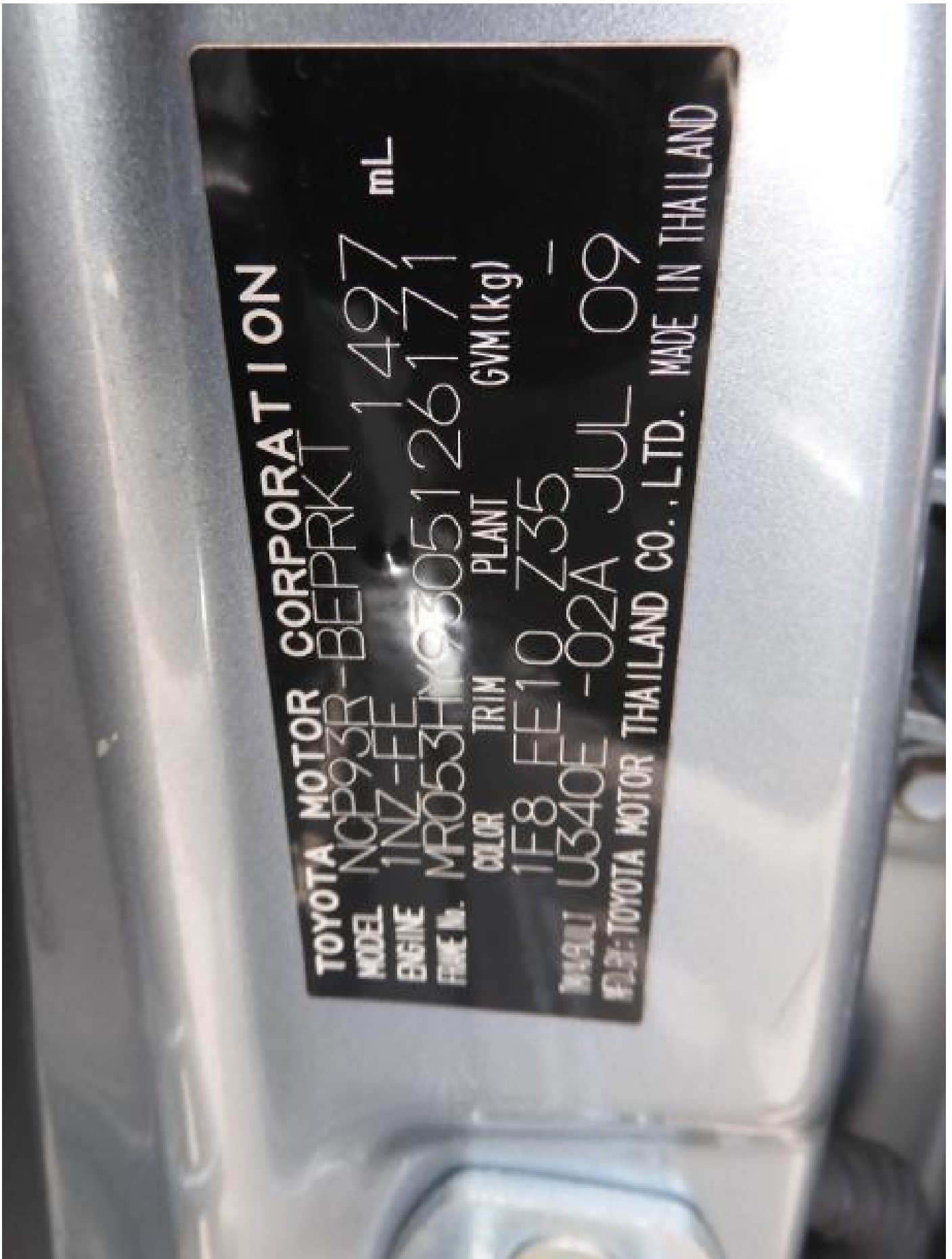


Accident Photo



Accident Photo





Accident Photo

