

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	04/11/2020 15:17
Date Of Accident	01/11/2020 06:50
Exact Location Of Accident	KJE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP3671K
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Insured/Policyholder

Name Of Registered Owner	LEONG CHEE WAI
NRIC No	S7511790F
Email Address	EMILLEONGC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96834677
Alternative Phone No	OTHERS-96834677

Vehicle Particulars

Manufacturer	SUZUKI
Model	UH200A

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 MOTORCYCLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AN3181939
Cover Note Number	

Driver

Name of Driver	LEONG CHEE WAI
NRIC No	S7511790F
Date Of Birth	21/04/1975
Occupation	INDOOR
Date Of Driving Pass	18/06/2003
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96834677
Fax Number	
Contact Number	
EEmail Address	EMILLEONGC@GMAIL.COM

Address	BLK 748 WOODLANDS CIRCLE #12-508
Postcode	730748
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?	YES
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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SLS4476S
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)

DETAILS OF INJURED PERSON 1	
Name	LEONG CHEE WAI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBP3671K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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:

24/11/2020.

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



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



**SINGAPORE
POLICE FORCE**



T/20201102/2036

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20201102/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2020 11:46	Vide Report No.:	Station/Diary No.: 38
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Informant's Particulars			
Name of Informant: LEONG CHEE WAI		Address: APT BLK 748 WOODLANDS CIRCLE #12-508 SINGAPORE 730748	
ID Type / ID No.: NRIC NO / S7511790F		Contact No.: Home/Office: Mobile: 96834677	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 21/04/1975	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: F&B MANAGER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/11/2020 06:50	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP3671K	Motorcycle	SUZUKI	UH200A	Grey	Seriously Damaged	0
SLS4476S	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP3671K	AXA INSURANCE SINGAPORE PTE LTD	P2383095	10/02/2020	09/02/2021



**SINGAPORE
POLICE FORCE**



T/20201102/2036

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20201102/2036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEONG CHEE WAI	ID No.	S7511790F
Related Vehicle	FBP3671K (Motorcycle)	Contact No.	96834677
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	01/11/2020	Date Discharge	01/11/2020
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	AMIRUL	ID No.	NIL
Related Vehicle	NIL	Contact No.	85353701
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 01/11/2020 at about 0650hrs, while I was riding (FBP3671K) along Kranji Expressway (KJE) at the most left lane, I checked my blind spot before turning left into Pan Island Expressway (PIE). However when I was turning left, I checked my side mirror again and discovered a vehicle (SLS4476S) was driving closely to my motorcycle. After which I felt an impact coming from the right side of my motorcycle and I fell as a result. The driver immediately stopped the vehicle and assisted to call for Ambulance. Thereafter Traffic police also came to the scene. On the same day, I was conveyed to Ng Teng Fong hospital and was given 7 days of medical leave. I suffered abrasions on both hands and both legs. I was also advised to lodge a police report regarding the matter.



**SINGAPORE
POLICE FORCE**



T/20201102/2036

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20201102/2036

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

L /

Sgt 2 DEREK CHEE JUAN WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/11/2020 11:46

Officer In Charge Of Case:

TP / GIT /

Staff Sgt. MUHAMMAD NOOR BIN ABDUL
RAHMAN

Contact No: 65476201

Authentication Stamp
NP168 Signature:

Singapore Police Force

Classification Of Case:

emilleonge@gmail.com

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 11/1/20. 0650	2 Exact location of accident Kranji Expressway.	To be signed by BOTH drivers 3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

Registration No. (VEHICLE A) **FBP3671K**

6 Insured / policyholder (see insurance cert.)
Name **Leong Chai War**
(capital letters)
Address **13748 Woodlands**
S (732748)
NRIC / Passport no. **S7511790E**
Tel no. (from 9am till 5pm)
HP **96834677**

7 Vehicle
Make, type **SUZUKI UH200A**

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☒ Yes ☐
Policy No. **AN3181939**

9 Driver
☒ Same as Owner
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- | | |
|--|--|
| <input type="checkbox"/> Chain Collision | <input type="checkbox"/> Collision - Opening Door of Vehicle |
| <input type="checkbox"/> Collided into Bicycle | <input type="checkbox"/> Collision - Roundabout |
| <input type="checkbox"/> Collided into Motorcyclist | <input type="checkbox"/> Collides - U-Turn |
| <input type="checkbox"/> Collided into Parked Vehicle | <input type="checkbox"/> Drink Driving / Drug Influence |
| <input type="checkbox"/> Collided into Pedestrian | <input type="checkbox"/> Fire, Explosion or Lightening |
| <input type="checkbox"/> Collided into Property | <input type="checkbox"/> Flood |
| <input type="checkbox"/> Collision - Change/Cross Lane | <input type="checkbox"/> Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> Collision - Cross Junction | <input type="checkbox"/> Hit by Fallen Tree / Other Objects |
| <input type="checkbox"/> Collision - Head on Collision | <input type="checkbox"/> No Collision |
| <input type="checkbox"/> Collision - Head to Rear | <input type="checkbox"/> Side Swipe |
| <input type="checkbox"/> Collision - Major/Minor Fui | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Collision - Rear End | |
| <input type="checkbox"/> Collision - Roadblock | |

Registration No. (VEHICLE B) **SL54476S**

6 Insured / policyholder (see insurance cert.)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from 9am till 5pm)
HP

7 Vehicle
Make, type

8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)

9 Driver (See driving licence)
(if different from Insured B above)
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4:

15 Signatures of drivers

[Signature]

A

15

14 My remarks

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

For insured's Individual Statement (Part II) see overleaf →

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Own Workshop Email / Fax (if any)

Insured	1 Occupation (If more than one, state all)		Email:													
	2 Vehicle registration no. <u>FSP 3671K</u> C.C.		If commercial vehicle, state permissible carrying capacity													
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner		State the vehicle number and name of insurer of driver's own vehicle (where applicable)													
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire															
	<input type="checkbox"/> Others - please specify															
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____															
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)															
	7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?											
	<u>21/11/75</u>	<u>Indoor</u>	<u>18/6/03</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability															
	9 Full details of all driving convictions including pending prosecutions in the last 36 months															
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					Date	Offence	Penalty								
Date	Offence	Penalty														
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?											
	<u>Leong Chee Wai</u>		<u>FSP 3671K</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>											
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>											
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>											
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)												
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>Woodlands East NPL</u>															
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____															
Accident details	14 Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others _____															
	15 Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others _____															
	16 Speed of vehicles A _____ km/hr B _____ km/hr															
	17 What warnings were given by driver or other party? _____															
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____															
	20 If your vehicle is commercial, state weight of load carried at time of accident _____															
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)															
Declaration	22 State number of Passengers (including Driver) <u>1</u>															
	I/We declare the foregoing particulars are true in every respect															
	Policyholder's signature <u>[Signature]</u> Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____															

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

