

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 Submission 22/01/2021 18:16 (SGT)
Date of Accident 20/01/2021 03:05 (SGT)
Exact Location of Accident Beach Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU4235K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEONG LIN YUAN (LIANG LINYUAN)
NRIC No SXXXX241E
Email Address TKMOTORWORKSHOP@GMAIL.COM
Mobile Phone No (Phone) +65-94883500
Alternative Phone No +65-94883500

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1700084674-03
Cover Note Number -

DRIVER

Name of Driver LEONG LIN YUAN (LIANG LINYUAN)
NRIC No SXXXX241E
Date Of Birth 29/06/1978
Occupation Indoor

Date Of Driving Pass	08/08/1997
Driving experience	23 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94883500
Alt. Phone Number	+65-94883500
Email Address	TKMOTORWORKSHOP@GMAIL.COM
Address	BLK 438B BUKIT BATOK WEST AVE 8 #06-1057
Address complement	-
Postcode	652438
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RAKESH S/O JAI SHANKER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT A/20210121/7033

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS8518S
Vehicle Manufacturer	Audi
Vehicle Model	A4

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HENG MENG WEE STANLEY
NRIC No	SXXXX851J
Contact Number	(Phone) +65-85188158
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAKESH S/O JAI SHANKER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLU4235K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No




INJURED 2

Name of injured person	LEONG LIN YUAN (LIANG LINYUAN)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLU4235K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

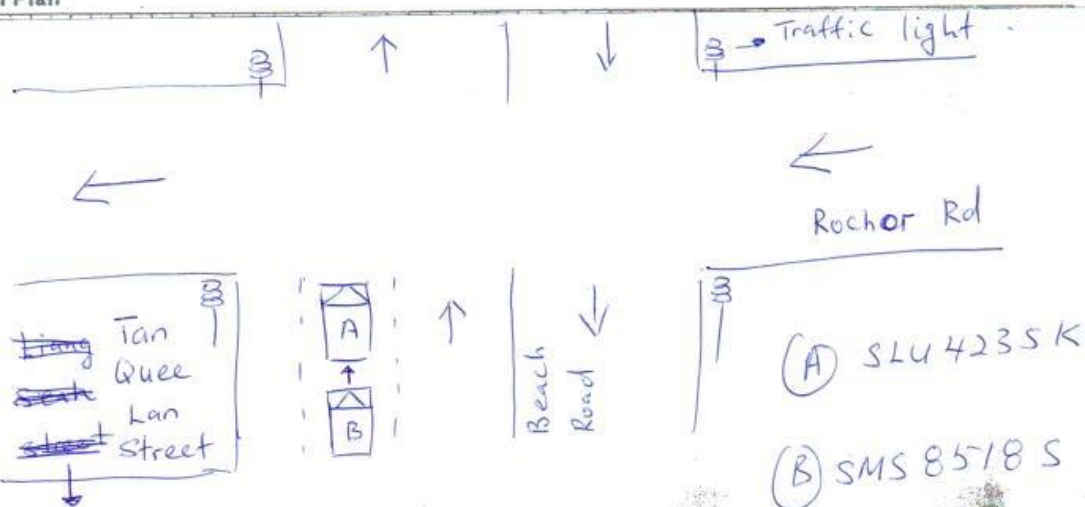
SKETCH PLAN

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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.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Sketch Plan



Declaration

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel





















**SINGAPORE
POLICE FORCE**



A/20210121/7033

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POLICE REPORT (NP299)

Report No. A/20210121/7033

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 21/01/2021 20:25	Vide Report No.	Station Diary No.		
Name Of Informant LEONG LIN YUAN	Address 438B BUKIT BATOK WEST AVENUE 8 #06-1057 SINGAPORE 652438			
ID Type / ID No. NRIC NO / S7818241E	Contact No. Home/Office:	Mobile: 94883500		
Nationality SINGAPORE CITIZEN	Email Address GCOOL78@HOTMAIL.COM			
Occupation driver	Sex Male	Age 42	Date of Birth 29/06/1978	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 20/01/2021 03:05	Location Of Incident BEACH ROAD			

Brief details.

I Leong Lin Yuan, IC No: S7818241E was with my friend, Rakesh S/O Jai Shanker, IC No: S9835094B on our way to Geylang on 20 January 2021 around 3am. We were travelling on the road along beach road and came to a complete stop at the junction of beach road and rochor road, due to the red light. While we were waiting for the red light to turn green, a white Audi car (SMS 8518S) from the back kissed the rear of my car (SLU 4235K). at 3.07am. The impact was so great that my car jerked forward a little and stopped. I pull my handbrake and got out of the car to check on the damages. My rear was badly damaged. The other party car was damaged, the grills was broken and carplate was gone due to

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/01/2021 20:25
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210121/7033

the collision of my car.

We exchanged contact number and take photo of each other driving license. The other party name is Heng Meng Wee, Stanley, IC No: S8204851J..

While all these while, i had my car camera capturing the accident. We went back to individual home to sleep after that. I had some problem on my neck after i wake up and went to Mount Alvernia Hospital for a checkup. I was given 5 days MC. Rakesh encountered some strain the following day, and he went for a checkup at Mount Alvernia Hospital and was given 5 days mc.

Subjects Involved			
Victim			
Person Name	LEONG LIN YUAN		
ID Type	NRIC NO	ID No	S7818241E
Gender	Male	Age	42
Race	Chinese	Language	English
Occupation	driver	Address	438B BUKIT BATOK WEST AVENUE 8 #06-1057 SINGAPORE 652438
Mobile No	94883500	Is Informant A Victim?	Yes
Person Name	LEONG LIN YUAN (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	21/01/2021 20:25
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	