

# 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 .....	27/03/2021 12:39 (SGT)
Date of Accident .....	26/03/2021 11:40 (SGT)
Exact Location of Accident .....	Holland Rd, Singapore
Additional Location Information .....	LAMP POST 226
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGK1398E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ANDREA CHONG BEE NEO
NRIC No .....	SXXXX023A
Email Address .....	leung.cy.bernie@gmail.com
Mobile Phone No .....	(Phone) +65-97808197
Alternative Phone No .....	+65-97808197

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Lancer
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Manual
CC .....	1998

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	D18MPC0003236_02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LEUNG CHUN YU, BERNIE
NRIC No .....	SXXXX829E

Date Of Birth .....	17/10/1986
Occupation .....	Indoor
Date Of Driving Pass .....	26/06/2006
Driving experience .....	14 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97808197
Alt. Phone Number .....	-
Email Address .....	leung.cy.bernie@gmail.com
Address .....	290 HOLLAND ROAD
Address complement .....	-
Postcode .....	278626
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Collided into Property
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	No
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Commonwealth Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004749999
Alt. Police Station Phone No .....	(Fax) +65-64715297
Police Station Address .....	Blk 111 Commonwealth Crescent (Annex) #01-288A Singapore 140111
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210326/2060

#### ATTACHMENT(S)

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



Describe Circumstances of the Accident

REFER TO POLICE REPORT 1/20210326/28605

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

27/03/2021  
11:15am

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

Witnessed by Reporting Centre Personnel

27/03/2021























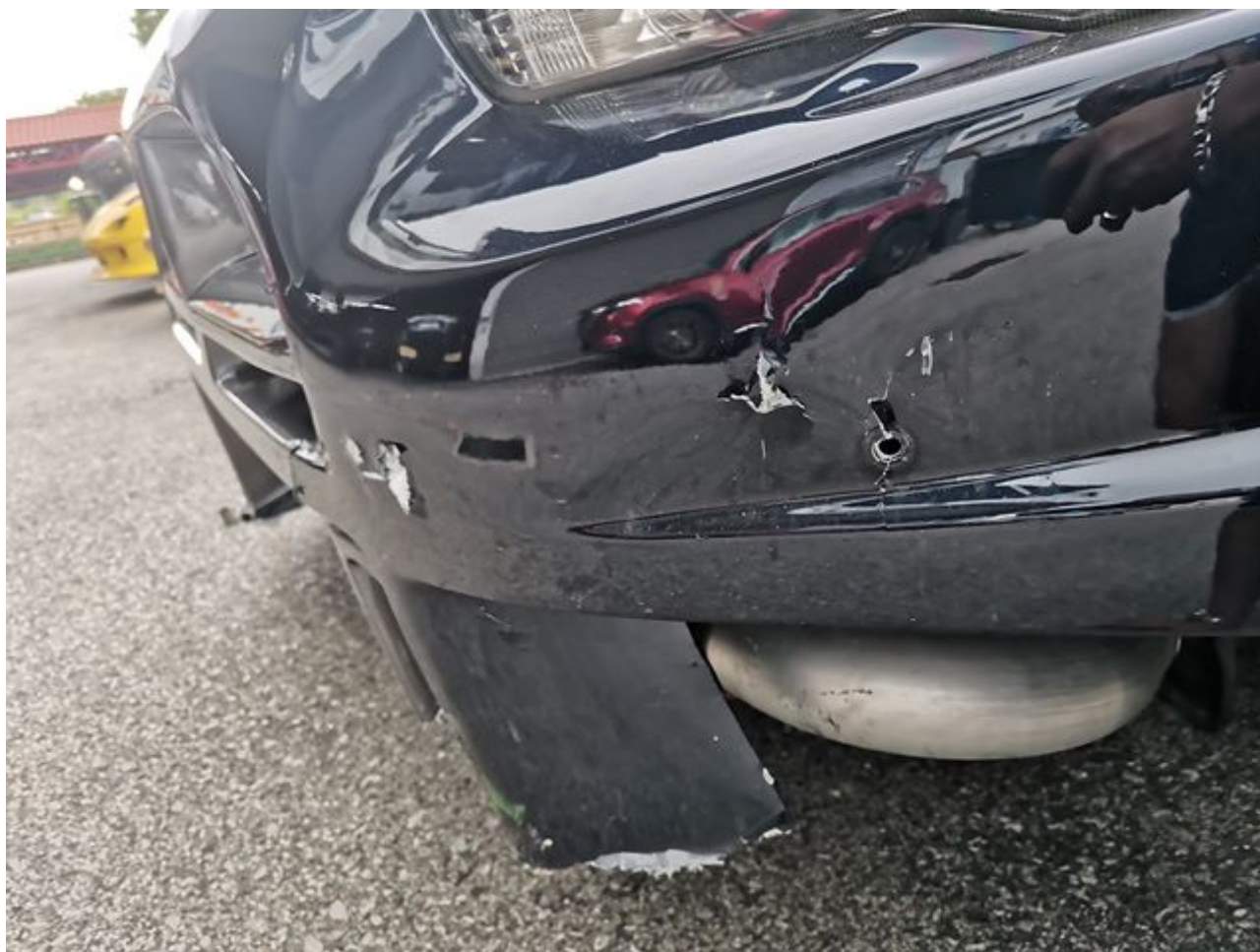


































**SINGAPORE  
POLICE FORCE**



T/20210326/2060

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Report No. T/20210326/2060

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/03/2021 15:25 Vide Report No.: D/20210326/0056 Station Diary No.: 17

**Informant's Particulars**

Name of Informant: LEUNG CHUN YU, BERNIE Address: 290 HOLLAND ROAD SINGAPORE 278626  
ID Type / ID No.: NRIC NO / S8629829E Contact No.: Home/Office: Mobile: 97808197  
Nationality: SINGAPORE CITIZEN Email:  
Sex: Male Age: 34 Date of Birth: 17/10/1986 Type of Informant: Driver  
Race: Chinese Language: Institution / School Name:  
Occupation: COMPANY DIRECTOR Driving Licence Information: Class: 3 Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Government Property	Drink Drive:	No	Date/Time of Accident:	26/03/2021 11:40	Type of Location:	U-Turn
Location: HOLLAND ROAD							
Lamp Post Number: 226							
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h			
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light			
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings						Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGK1398E	Car	MITSUBISHI	LANCER EVO X GSR 2.0 MT D/AB 4WD TURBO	Black	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

**SINGAPORE  
POLICE FORCE**


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111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

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Report No: T/20210326/2060

CONTINUATION OF REPORT

<b>Driver</b>		<b>ID No.</b>	
Name	LEUNG CHUN YU, BERNIE	ID No.	S8629829E
<b>Related Vehicle</b>		<b>Contact No.</b>	
SGK1398E (Car)		Contact No.	97806197
<b>Hospital/Clinic</b>		<b>Class of Driving Licence &amp; Expiry Date</b>	
NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
<b>Date Treatment</b>		<b>Date Discharge</b>	
NIL		Date Discharge	NIL
<b>No. of Days granted Medical Leave</b>		<b>Degree of Injury</b>	
NIL		Degree of Injury	NIL

**Brief Details.**  
On 26/03/2021 at about 1138hrs, I was about making a U-turn, I accelerated and release the clutch as I am driving a manual vehicle. Out of sudden, I lost control of my vehicle and hit onto the railing which is on the right side. I alighted from my vehicle and discovered the railings are damaged. There are damages on my vehicle. I do not have any injuries. I would like to state no other road users or pedestrians involved. I handed over my in-car camera SD card to TP officer for investigation. I was advised to lodge a RTA report of what has happened.

 **SINGAPORE  
POLICE FORCE**

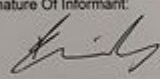
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**CONTINUATION OF REPORT**

**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: D / Sr Staff Sgt MOHAMMAD ASRI BIN MAZLAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/03/2021 15:25
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp  
  
 SR 59