

m | Raportul

SN 09213000

Date In: 27/03/2021 12:35
Ref No: NA/TU 2003971/Y
Veh No: CGK 1398K
DPA: 26/03/2021 11:46
OJ: TP: Reporting Only

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()		Fax: ()	
IP Particulars: ()		Veh No: ()		INC () / Non-INC ()	
Owner / Driver: ()		Tel: ()		()	
Policy No: ()		Period: ()		Cover Type: ()	
Confirmed by: ()		Date: ()		Time: ()	
Insured/Driver Liability: ()		%		[Note-Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: ()		Warranty: YES () / NO ()		()	
Excess: ()		Loading: \$1,000 () / \$2,000 ()		()	

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolter.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Running Mileage (km)	Engine Oil Change	Oil Change Receipt	Page No.
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

[illegible]

1) AR: Accident Reporting (S30) 2) DA: Damage Assessment (S100); INC (S80) 3) TP: Towing Fee \$40/S45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Re-survey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) NI: Idao DA + SMRT Survey \$160 8) NTUC Additional Services: ON* *NS: Courtesy Car / Tpt Allowance \$5 *NG: Repair Co-ordination \$10 *NF: Post Repair Inspection \$25 *NN: DV / Collect Excess Coordination \$5 TP (NI1): TP (Non INC) against INC \$20 9) NI2: Idao Mobile \$0 Invoice dated _____ Fee Charged _____ _____ Fee Charged _____	
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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

SKETCH PLAN

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. 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 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.

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

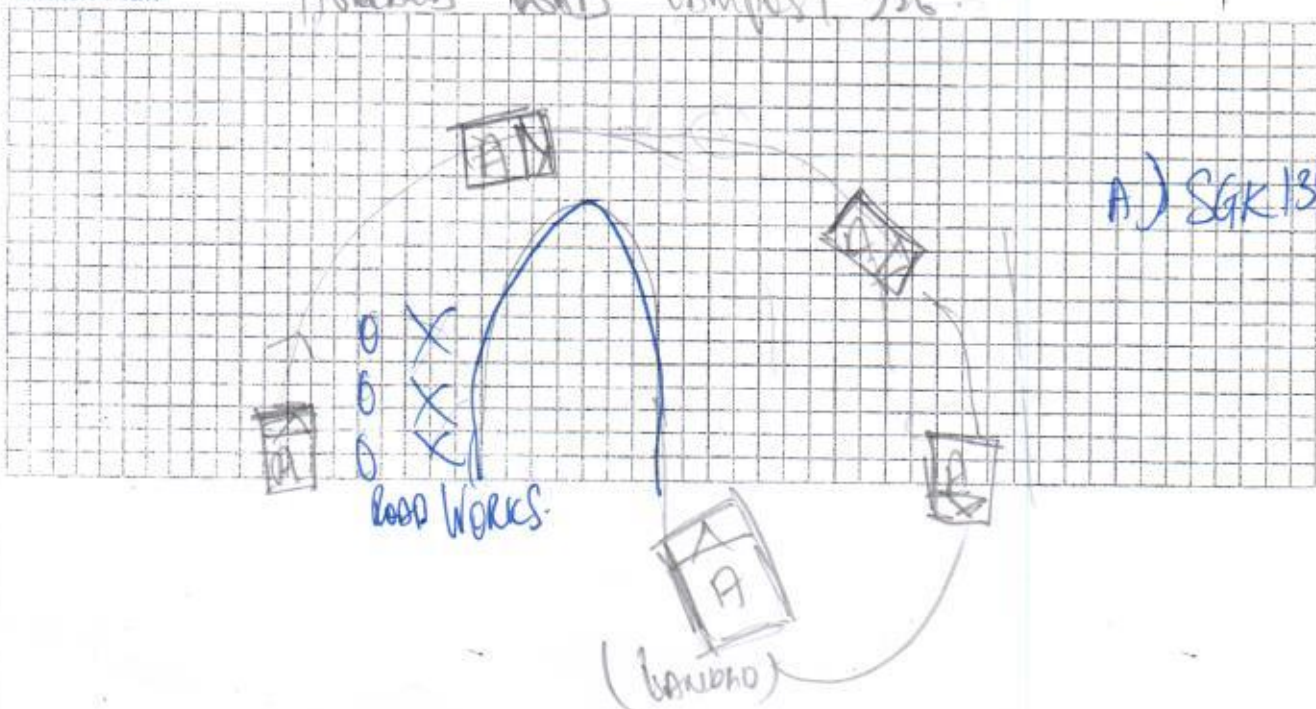
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER to POLICE REPORT T/20210326/2060

Declaration

We declare the foregoing particulars are true in every respect.



27/03/2021

11:15am

Policyholder's Signature / Date &
Time

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



27/03/2021

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 26/03/2021 (DD/MM/YYYY), TIME: 11:40 (HH:MM)

LOCATION: Alcon Road Lamp Post 776

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGK 1398E
 b) INSURANCE COMPANY: Indica
 c) POLICY NUMBER: Indica Ind
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mitsubishi Lancer
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: on the way home
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: ANDREA OJONGBERE ALMO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Leung cy. bernie (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 9808197
 c) ADDRESS: _____

* d) DATE OF BIRTH: 17/10/1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26/06/2001

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: son

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Comm. North

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = leung.cy.bernie@gmail.com

fax =

VIDEO = TP



**SINGAPORE
POLICE FORCE**



T00210326/0060

1 of 3

Police Station Of Origin:
Commonwealth NPZ
111 Commonwealth Crescent (Annex) #01-
286A SINGAPORE 140111
Tel No: 1800-4749999

Report No: T00210326/0060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2021 15:25
Vide Report No: D00210326/0056
Station Diary No.: 17

Informant's Particulars

Name of Informant: LEUNG CHUN YU, BERNIE	Address: 290 HOLLAND ROAD SINGAPORE 279626		
ID Type / ID No: NRIC NO / SINGAPORE	Contact No:	Mobile: 97908197	
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	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20210326/2060

3 of 3

Report No. T/20210326/2060

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

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

Stamp

Stamp



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Commonwealth NP
111 Commonwealth Crescent (Annex) #01,
286A SINGAPORE 140111
Tel No: 1800 4749099



T00210325/0565

2 of 3

Report No: T20210325/0565

CONTINUATION OF REPORT

Driver Name	LEUNG CHUN YU, BERNIE	ID No.	S85298256
Related Vehicle	SGK1296E (Car)	Contact No.	97808197
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	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.

