

## 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 .....	07/04/2021 15:37 (SGT)
Date of Accident .....	06/04/2021 15:55 (SGT)
Exact Location of Accident .....	New Upper Changi Rd, Singapore
Additional Location Information .....	NEW UPPER CHANGI ROAD-BEDOK ROAD (SLIP RD)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMW2681X
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LEONG POH KEE
NRIC No .....	SXXXX454F
Email Address .....	ROBINLEONGPK@GMAIL.COM
Mobile Phone No .....	(Phone) +65-85231733
Alternative Phone No .....	+65-85231733

#### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Cerato
Variant .....	-
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1591

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	2070159083
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	LEONG POH KEE
NRIC No .....	SXXXX454F

Date Of Birth .....	06/02/1964
Occupation .....	Indoor
Date Of Driving Pass .....	05/12/1994
Driving experience .....	26 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85231733
Alt. Phone Number .....	+65-85231733
Email Address .....	ROBINLEONGPK@GMAIL.COM
Address .....	BLK 180 BEDOK NORTH ROAD #05-16
Address complement .....	-
Postcode .....	460180
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? .....	Yes
Was any other material or property damaged? .....	Yes
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 .....	Tanah Merah Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004499999
Alt. Police Station Phone No .....	(Fax) +65-62447251
Police Station Address .....	Blk 51 New Upper Changi Road #01-1514 Singapore 461051
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHMENT

#### 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 .....	FBP1859A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle

Name of Driver .....	-
Contact Number .....	(Phone) +65-84085403
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 .....	UNKNOWN (MOTORBIKE RIDER)
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBP1859A
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes


# SKETCH PLAN

## IMPORTANT NOTICE

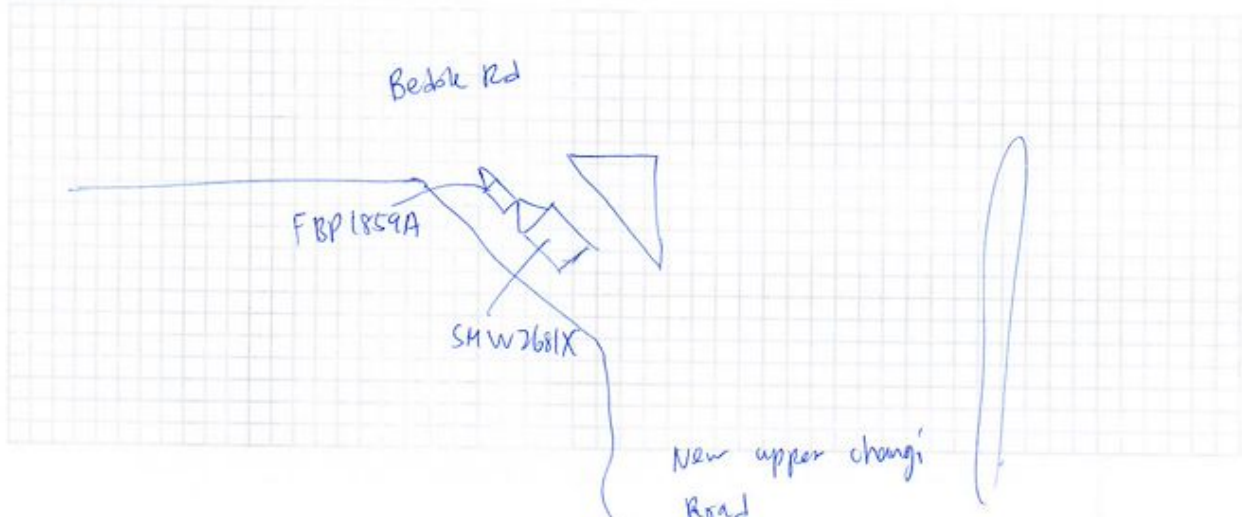
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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 (If driver is not the policyholder) / Date & Time

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

## **Sketch Plan**

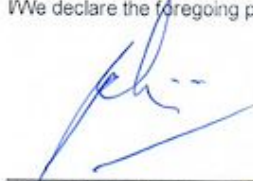


**Describe Circumstances of the Accident**

- Refer to police report -


**Declaration**

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



Witnessed by Reporting Centre Personnel




























































































**SINGAPORE  
POLICE FORCE**


T/20210406/2117

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999

1 of 4

Report No. T/20210406/2117

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/04/2021 17:34	Vide Report No.:	Station Diary No.: 21
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: LEONG POH KEE			Address: APT BLK 180 BEDOK NORTH ROAD #05-16 SINGAPORE 460180	
ID Type / ID No.: NRIC NO / S1668454F			Contact No.: Home/Office: Mobile: 85231733	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 06/02/1964	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/04/2021 15:55	Type of Location: Filter Lane
Location:  NEW UPPER CHANGI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1859A	Motorcycle					0
SMW2681X	Car	KIA	CERATO 1.6(A) EX	Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMW2681X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070159083	12/11/2020	11/11/2022



**SINGAPORE  
POLICE FORCE**



T/20210406/2117

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999

2 of 4

Report No. T/20210406/2117

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEONG POH KEE	ID No.	S1668454F
Related Vehicle	NIL	Contact No.	85231733
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 6/4/2021 at about 1555hrs, I was driving my black in color Kia Cerato with bearing plate number SMW2681X along New Upper Changi Road heading towards Bedok Road (Simpang bedok).

At that point of time, there was a black in color Motorcycle (Honda Super 4) with bearing plate number FBP1859A was travelling in front of me from New Upper Changi Road to the left filter lane heading towards bedok road. When the rider was riding along the left filter lane and past the pedestrian crossing, the rider spotted a vehicle was approaching him along bedok road (main road, simpang bedok direction), he then hesitate and quickly applied emergency brake and stop. Due to the rider's sudden act, I was unable to react on time hence I quickly swerved my vehicle to the right to avoid a collision. Unfortunately, my vehicle still collided onto the motorcycle's right hand side exhaust pipe and the rider then fell off from his motorcycle.

I immediately stopped my vehicle and render assistance on the rider. I then held the rider up and bring him to the side of the road and notice there were some abrasion on his right arm and right leg. SCDF (fire engine) happened to drive past and spotted the accident and came to render assistance on the rider. The SCDF then assist to bandage the rider and also assist to call up for ambulance.

Shortly, ambulance arrived and conveyed the rider to Changi General Hospital and I was told by the paramedic that I could leave the scene and I did as instructed.

Shortly, I was called up by the traffic police to return back to the scene and I did as instructed. I then returned back to the scene and was attended by the traffic police. I then informed the whole facts to the traffic police and my in-car camera SD card was seized for investigation. I was then given a case card to lodge a traffic police report on the matter.

I would like to state that my left hand side, front bumper was damaged due to the accident. The rider's contact number is 84085403. I am not sure any cctv at the said location.



**SINGAPORE  
POLICE FORCE**



T/20210406/2117

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999

3 of 4

Report No. T/20210406/2117

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20210406/2117

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999

4 of 4

Report No. T/20210406/2117

**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 GOH QI FAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/04/2021 17:34

Officer In Charge Of Case:  
TP / GIT /  
SI YEO CHUN JIAN  
Contact No.: 65476213

Classification Of Case:

Authentication Stamp  
NP168