

# 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 ..... 15/04/2021 18:18 (SGT)  
Date of Accident ..... 14/04/2021 17:20 (SGT)  
Exact Location of Accident ..... TPE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBB2755H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... BAKER'S HEART  
Company Reg No ..... 5XXXX705C  
Email Address ..... 2ACH@BAKERSHEART.COM  
Mobile Phone No ..... (Phone) +65-92263744  
Alternative Phone No ..... +65-92263744

### VEHICLE PARTICULARS

Manufacturer ..... Fiat  
Model ..... Doblo  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 1300

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... Z20VC05006451  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEONG KEE CHIT ERN  
NRIC No ..... SXXXX816D

Date Of Birth .....	29/08/1979
Occupation .....	Outdoor
Date Of Driving Pass .....	12/07/2000
Driving experience .....	20 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92263744
Alt. Phone Number .....	-
Email Address .....	2ACH@BAKERSHEART.COM
Address .....	BLK 411B FERNVALE RD #24-72
Address complement .....	-
Postcode .....	792411
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	LEONG CHANG LE KAI ZAVE
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210415/7013

#### 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 .....	GBH2113D
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
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 .....	LEONG KEE CHIT ERN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBB2755H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	LEONG CHANG LE KAI ZAVE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBB2755H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

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  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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

## BAKER'S HEART

Co. Reg. 53250705C

1 IRVING PLACE #02-04

THE COMMERZE@IRVING (S) 369546

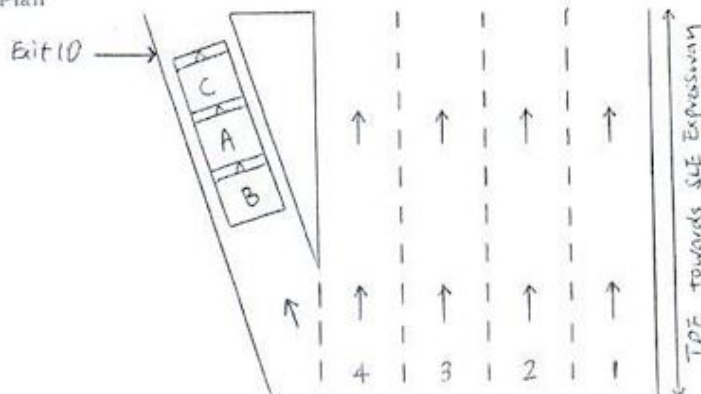
TEL. 6385 4726

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Veh A - 6882755H  
Veh B - 6B67618L  
Veh C - 6BH2113D

Describe Circumstances of the Accident

Refer to Police Report : 7/20210415/7013

Declaration

We declare the foregoing particulars are true in every respect.

**BAKER'S HEART**

Co. Reg: 53250705C

1 IRVING PLACE #02-04

THE COMMERZE@IRVING (S) 389546

TEL: 6385 4776

*[Signature]*

*[Signature]*

*[Signature]*

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/20210415/7013

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210415/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/04/2021 13:28		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LEONG KEE CHIT ERN			Address: 411B FERNVALE ROAD #24-72 SINGAPORE 792411		
ID Type / ID No.: NRIC NO / S7925816D			Contact No.: Home/Office: Mobile: 92263744		
Nationality: SINGAPORE CITIZEN			Email: 2ACH@BAKERSHEART.COM		
Sex: Male	Age: 41	Date of Birth: 29/08/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: BAKERY OWNER			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/04/2021 17:20	Type of Location: Straight Road
Location:  PUNGGOL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBB2755H	Van	FIAT	DOBLO			1
GBG7618L	Van					0
GBH2113D	Van					0





**SINGAPORE  
POLICE FORCE**



T/20210415/7013

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3  
Report No. T/20210415/7013

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	LEONG CHANG LE KAI ZAVE	ID No.	T0832895H
Related Vehicle	GBB2755H (Van)	Contact No.	96893744
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	14/04/2021	Date	14/04/2021
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Driver</b>			
Name	LEONG KEE CHIT ERN	ID No.	S7925816D
Related Vehicle	GBB2755H (Van)	Contact No.	92263744
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/04/2021	Date	14/04/2021
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On 14/04/2021 at about 1720hrs, I was driving my vehicle bearing plate number GBB2755H was travelling along TPE towards SLE (EXIT 10) on the left lane. As vehicle in front of me slow down due to heavy traffic, I followed suit. Out of sudden, I felt a huge impact from my rear portion causing me to surge forward and collided onto vehicle bearing plate number GBH2113D. My passenger and I then felt unwell and we went to consult the doctor at Intemedical Kovan, we were given 3 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20210415/7013

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No, T/20210415/7013

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPiB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
15/04/2021 13:28

Classification Of Case: