

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 17/05/2021 15:02 (SGT)
Date of Accident 15/05/2021 23:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information CROSS JUNCTION BETWEEN GANGES AVENUE & INDUS ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK7079C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BIS MOTORING PTE LTD
Company Reg No 2XXXXX055D
Email Address keiftan@bismotoring.com.sg
Mobile Phone No (Phone) +65-86881311
Alternative Phone No (Office) +65-68963633

VEHICLE PARTICULARS

Manufacturer Renault
Model Scenic
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? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1461

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number COI-SPMF100000413-SMK7079R
Cover Note Number -

DRIVER

Name of Driver LEONG PENG HOONG

NRIC No	SXXXX418I
Date Of Birth	01/04/1966
Occupation	Outdoor
Date Of Driving Pass	09/01/2008
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88117783
Alt. Phone Number	-
Email Address	jasonleongph7783@gmail.com
Address	BLK 785B WOODLANDS RISE #07-78 SINGAPORE
Address complement	-
Postcode	732785
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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)	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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO: T/20210516/2065

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

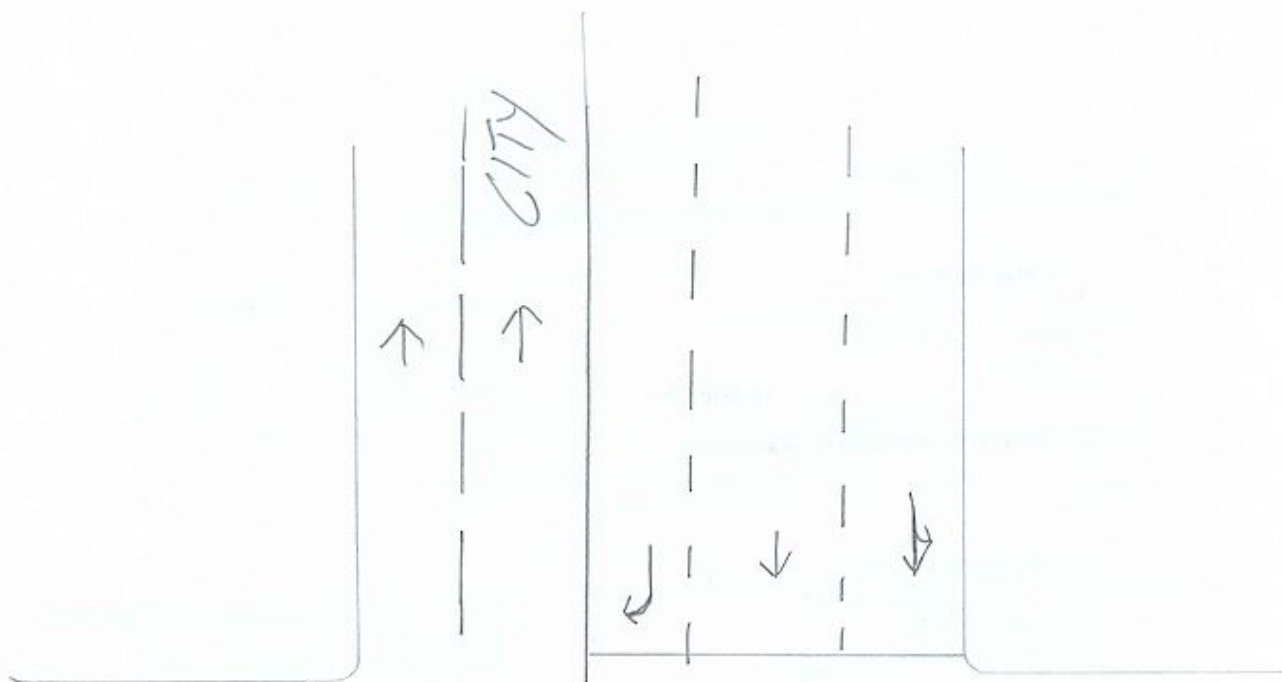
Vehicle Registration Number	SMW2456E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	NA / Unknown
Name of Driver	KELVIN
Contact Number	(Phone) +65-86123796
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

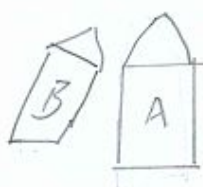
INJURED PERSONS DETAILS

INJURED 1

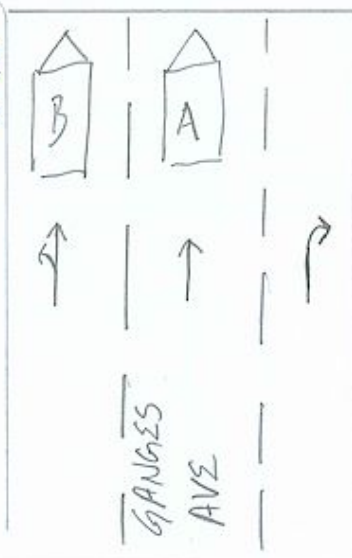
Name of injured person	LEONG PENG HOONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK7079C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



INDUS
RD



VEH A - SMK 7079R
VEH B - SMW 2456E



Describe Circumstances of the Accident

POLICE REPORT NO: T/20210516/2065

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



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' 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

NEXT PAGE →



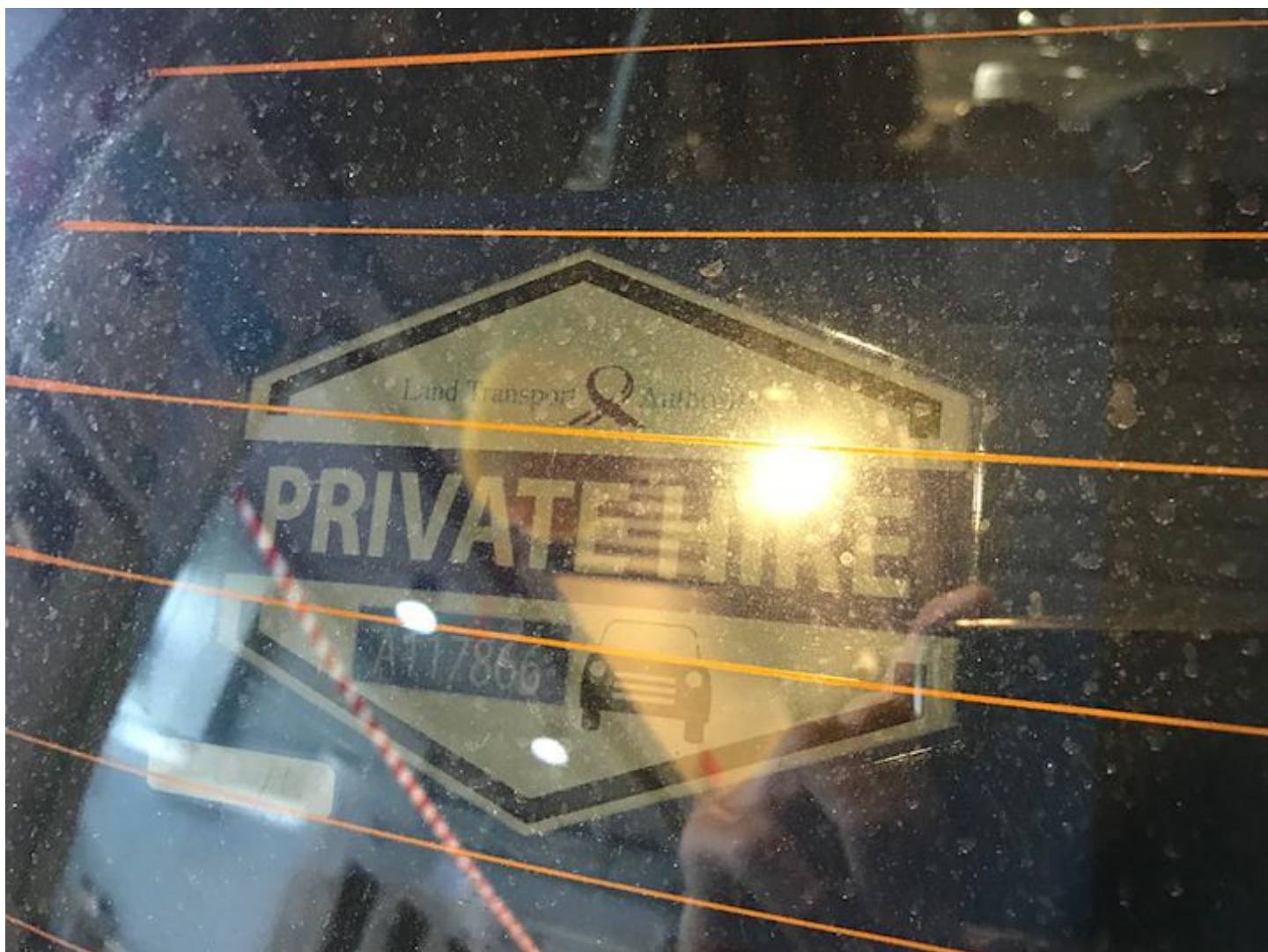


























**SINGAPORE
POLICE FORCE**



T/20210516/2065

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20210516/2065


CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEONG PENG HOONG	ID No.	S17364181
Related Vehicle	SMK7079R (Car)	Contact No.	88117783
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/05/2021	Date Discharge	16/05/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

- 1) On 15 May 2021 at about 2325hrs, I was driving a vehicle with the registration number (SMK7079R) at the cross junction between Ganges Avenue and Indus Road.
- 2) While my vehicle was travelling along Ganges Avenue at the speed of 60km/h - 70km/h at the right lane on a two lane road, there was another vehicle with the registration number (SMW2456E) travelling the same direction at the left lane.
- 3) The vehicle (SMW2456E) was about less than half a vehicle length away when both of us were travelling on the same direction. Out of sudden, the vehicle (SMW2456E) trying to make a right turn into Indus Road.
- 4) I was not able to stopped my vehicle in time and collided with one another. However, due to the impact, my vehicle were swirled to the opposite direction of the road.
- 5) The front left portion of my vehicle and collided with the front right portion of the other party vehicle.
- 6) We wanted to lodge for insurance claim but due to my injuries on my shoulder / neck and back. I was given three days of medical certificate and was asked to lodge a Police Report.

Front Left Portion Damaged : SMK7079R
Front Right Portion Damaged : SMW2456E

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

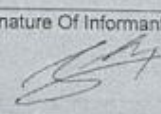
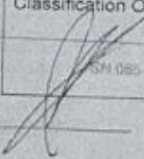
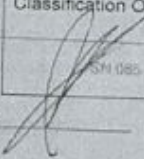
T/20210516/2065

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Report No. T/20210516/2065

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: L / Sgt 1 GAN WEI LEONG, ALASTAIR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/05/2021 18:32
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 85476404	Classification Of Case:  SM 085
Authentication Stamp NP168	Signature:  Singapore Police Force


**SINGAPORE
POLICE FORCE**


T/20210516/2065

1 of 3

Report No. T/20210516/2065

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2021 18:32		Vide Report No.:		Station Diary No. 88
Informant's Particulars				
Name of Informant: LEONG PENG HOONG		Address: APT BLK 785B WOODLANDS RISE #07-78 SINGAPORE 732785		
ID Type / ID No.: NRIC NO / S17364181		Contact No.: Home/Office: Mobile: 88117783		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 55	Date of Birth: 01/04/1966	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/05/2021 23:25	Type of Location: X-Junction
Location: GANGES AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMK7079R	Car	RENAULT	GRAND SCENIC IV 1.5 DCI AT EU6	White	Seriously Damaged	0
SMW2456E	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Beige	Seriously Damaged	0

