

# 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 ..... 13/10/2021 19:19 (SGT)  
Date of Accident ..... 13/10/2021 10:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMG2533A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEONG FOOK WENG  
NRIC No ..... S1802815H  
Email Address ..... a6679b@gmail.com  
Mobile Phone No ..... (Phone) +65-96628157  
Alternative Phone No ..... +65-96628157

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Civic  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1597

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA554318/1  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEONG MUN YONG, JANN  
NRIC No ..... S9834111J

Date Of Birth .....	12/10/1998
Occupation .....	Indoor
Date Of Driving Pass .....	18/12/2018
Driving experience .....	2 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96628157
Alt. Phone Number .....	-
Email Address .....	a6679b@gmail.com
Address .....	BLK 535 ANG MO KIO AVE 5
Address complement .....	#10-4070
Postcode .....	560535
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 .....	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 .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	LAU BING RONG
Gender .....	Male

#### PASSENGER 2

Name .....	LIM XIN HAN
Gender .....	Male

#### PASSENGER 3

Name .....	TAN SIA HUA
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	10 UBI AVENUE 3 SINGAPORE 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED POLICE REPORT T/20211013/7027.

#### ATTACHMENT(S)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJR152G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	XE4513A
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) .....	-

### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SLJ6706M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 MUN YONG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-

Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMG2533A
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 2

Name of injured person .....	LAU BING RONG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMG2533A
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 3

Name of injured person .....	LIM XIN HAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMG2533A
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 4


Name of injured person .....	TAN SIA HUA
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMG2533A
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

Refer to Police Report No. T/20211013/7027

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

# **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 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.

<p>Policyholder's Signature / Date &amp; Time</p>	<p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan</p>		<p>(A) SMG 2533A (B) SJR 152 G (C) XE 4513A (D) SLJ 6706M</p>



























**SINGAPORE  
POLICE FORCE**

T/20211013/7027

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

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Report No. T/20211013/7027

**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 / TPHQ /  
KAMALIAH BINTE KAMIS  
Contact No.: 65476435

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

Date/Time:  
13/10/2021 15:42

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20211013/7027

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

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Report No. T/20211013/7027

**CONTINUATION OF REPORT**

Passenger			
Name	TAN SIA HUA	ID No.	S9590882I
Related Vehicle	SMG2533A (Car)	Contact No.	85886328
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/10/2021	Date	13/10/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the above mentioned date and time, I was travelling along PIE towards Changi on lane 2 of 3 lanes somewhere around Jurong Town Hall Entrance. I was driving straight on lane 2 when out of a sudden, I felt a huge impact from the rear left. The impact was so huge that it sent me forward to the left and collided onto the vehicle(SLJ6706M). I then alighted and realised I was involving in a chain collision of 4 vehicles. I was the second vehicle.

1st Vehicle - SLJ6706M  
2nd Vehicle - SMG2533A  
3rd Vehicle - SJR152G  
4th Vehicle - XE4513A





**SINGAPORE  
POLICE FORCE**



T/20211013/7027

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

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Report No. T/20211013/7027

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEONG MUN YONG, JANN	ID No.	S9834111J
Related Vehicle	SMG2533A (Car)	Contact No.	96628157
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/10/2021	Date	13/10/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	LAU BING RONG	ID No.	S9147679G
Related Vehicle	SMG2533A (Car)	Contact No.	91379394
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/10/2021	Date	13/10/2021
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	LIM XIN HAN	ID No.	S9538601F
Related Vehicle	SMG2533A (Car)	Contact No.	87522377
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/10/2021	Date	13/10/2021
No. of Days granted Medical Leave	05	Degree of	Slight


**SINGAPORE  
POLICE FORCE**


T/20211013/7027

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

Report No. T/20211013/7027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/10/2021 15:42		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LEONG MUN YONG, JANN			Address: 535 ANG MO KIO AVENUE 5 #10-4070 SINGAPORE 560535		
ID Type / ID No.: NRIC NO / S9834111J			Contact No.: Home/Office: Mobile: 96628157		
Nationality: SINGAPORE CITIZEN			Email: LEONGJANN@LIVE.COM		
Sex: Male	Age: 23	Date of Birth: 12/10/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/10/2021 10:30	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: chain collision			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SJR152G	Car					0
SLJ6706M	Car					0
SMG2533A	Car					3
XE4513A	Lorry					0



redefining / insurance

AXA Insurance Pte Ltd  
 1800 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 (65) 6880 4740  
 customer.care@axa.com.sg  
 www.axa.com.sg

account number  
 05579

## Certificate of Insurance

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia)  
 -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

### Policy details

Policyholder name	LEONG FOOK WENG	Certificate number	GA554318 / 1
Cover	Comprehensive	Chassis number	MRHFC5650T002054
Plan name	Essential	Engine number	R16825502379
NCD applicable	0%		
Vehicle registration number	SMG2533A		
Period of Insurance	from 08/10/2020 to 07/10/2021 (both dates inclusive)		
Finance loan company	STANDARD CHARTERED BANK (SINGAPORE) LIMITED		

### Persons or classes of persons entitled to drive\*

- (a) The Policyholder  
 (b) Any Named Driver as stated in the Policy:  
 1. LEONG MUN YONG, JANN  
 (c) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

\* Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	SGD 500.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

- \$5500 for unnamed *Authorized Driver*
- \$5500 for declared *Young and Inexperienced Driver*
- \$55,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to \$52,500 if You have chosen AXA Premium Workshops.

### Additional clauses & endorsements to your policy

Nil

[We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

### Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).  
 The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)  
 8 Shenton Way, #24-01, AXA Tower,  
 Singapore 068811  
 Customer Centre, #B1-01

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