

## 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	29/11/2021 17:22 (SGT)
Date of Accident	28/11/2021 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS AFTER STEVEN ROAD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM3630P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEONG WAI CHEE
NRIC No	S8712854G
Email Address	leong.weizhi@gmail.com
Mobile Phone No	(Phone) +65-93688836
Alternative Phone No	+65-93688836

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3 SEDAN 1.5 AT LED EU6
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 car
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5111189564-02
Cover Note Number	10/08/2021 TO 09/08/2022

#### DRIVER

Name of Driver	LEONG WAI CHEE
NRIC No	S8712854G

Date Of Birth	22/04/1987
Occupation	Outdoor
Date Of Driving Pass	18/07/2009
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93688836
Alt. Phone Number	+65-93688836
Email Address	leong.weizhi@gmail.com
Address	APT BLK 210 BOON LAY PLACE #06-111 (S) 640210
Address complement	-
Postcode	-
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	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	5
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	TAN JING YI
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP594P
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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	SKP3131X
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 3

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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 4

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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 TAN JING YI  
Gender Female  
Phone No (Phone) +65-91271733  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained -  
Injured person in which vehicle? SMM3630P  
Were seat belts worn? -  
Was this injured conveyed to hospital by ambulance? -

### INJURED 2

Name of injured person LEONG WAI CHEE  
Gender Male  
Phone No (Phone) +65-93688836  
Address APT BLK 210 BOON LAY PLACE #06-111 (S) 640210  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained -  
Injured person in which vehicle? SMM3630P  
Were seat belts worn? -  
Was this injured conveyed to hospital by ambulance? -



SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

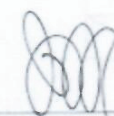
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

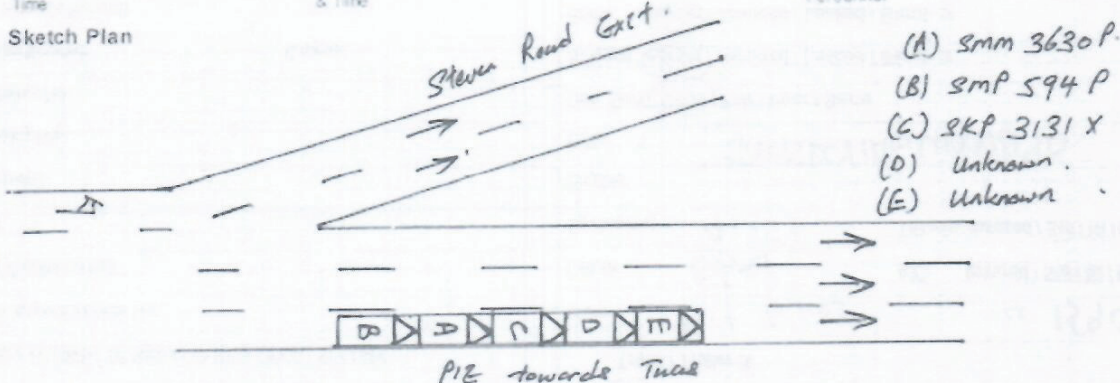
  
Policyholder's Signature / Date & Time

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

16.40  
29/11/21

Witnessed by Reporting Centre  
Personnel

Sketch Plan





Describe Circumstances of the Accident


Pls refer To Police Report No:  
 T/2021/128/2104 &  
 T/2021/129/2073

Declaration

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date &  
 Time

 16-40  
 29/11/21  
 Driver's Signature (If driver is not the policyholder) / Date  
 & Time

  
 Witnessed by Reporting Centre  
 Personnel





**SINGAPORE  
POLICE FORCE**



T/20211128/2104

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No: T/20211128/2104

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/11/2021 22:01	Vide Report No.: E/20211128/0118	Station Diary No.: 166
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**Informant's Particulars**

Name of Informant: LEONG WAI CHEE		Address: APT BLK 210 BOON LAY PLACE #06-111 SINGAPORE 640210	
ID Type / ID No.: NRIC NO / S8712854G		Contact No.: Home/Office:	Mobile: 93688836
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 22/04/1987	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PROPERTY AGENT		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/11/2021 14:00	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	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP3131X	Car	MERCEDES BENZ	GLC250D AMG 4MATIC	Grey	Slightly Damaged	0
SMM3630P	Car	MAZDA	MAZDA3 SEDAN 1.5 AT LED EU6	White	Seriously Damaged	1
SMP594P	Car	MERCEDES BENZ	A180 FL STYLE (R17 HLG)	Purple	Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20211128/2104

2 of 3

Report No. T/20211128/2104

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM3630P	NTUC Income Insurance Co-Operative Limited	5111189564-02	10/08/2021	09/08/2022

Details of Person Involved				
Any Pedestrian Involved: No			Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL				
Driver				
Name	LEONG WAI CHEE		ID No.	S8712854G
Related Vehicle	SMM3630P (Car)		Contact No.	93688836
Hospital/Clinic	NUHEALTH MEDICAL CENTRE		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/11/2021		Date Discharge	28/11/2021
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Passenger				
Name	Tan Jing Yi		ID No.	S8834275E
Related Vehicle	SMM3630P (Car)		Contact No.	91271733
Hospital/Clinic	NUHEALTH MEDICAL CENTRE		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/11/2021		Date Discharge	28/11/2021
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

**Brief Details.**

On 28/11/2021 at about 1400hrs, I was driving my car (SMM3630P) along PIE towards steven road along with my wife Tan Jing Yi, S8834275E). Suddenly, I noticed a car (SKP3131P) in front of me did an Emergency brake and I followed but I still hit the rear side bumper of the car. Suddenly, I felt a bang coming from my rear. I got out of my car to make a check and discovered that there was a chain collision involving 6 vehicles. The vehicle behind me is SMP594P. I did not get the other vehicles plate number and particulars. Subsequently, the Police and ambulance came and make a check. My wife was conveyed to NUH and subsequently, I went to NUH myself and received 3 days of MC. I wish to state that the Police that attended to my case had took all vehicles CCTV.





**SINGAPORE  
POLICE FORCE**



T/20211128/2104

3 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20211128/2104

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

J /  
Sgt 2 NURAQILAH BINTE  
ABDUL HAMID

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /  
Sr Staff Sgt ABDUL RAHIM BIN SALIM  
Contact No: 65476437

Authentication Stamp  
NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:  
28/11/2021 22:01

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20211129/2073

1 of 2

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No: T/20211129/2073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 29/11/2021 15:26	Vide Report No. T/20211128/2104	Station Diary No. 28
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**Informant's Particulars**

Name of Informant: LEONG WAI CHEE		Address: APT BLK 210 BOON LAY PLACE #06-111 SINGAPORE 640210	
ID Type / ID No.: NRIC NO / S8712854G		Contact No. Home/Office:	Mobile: 93688836
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 22/04/1987	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PROPERTY AGENT		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/11/2021 14:00	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	

**Brief Details.**

I lodged a traffic accident report earlier, vide T/20211128/2104.

I wish to make amendments to the following facts: I noticed a car (SKP3131P) in front of me, doing an emergency brake. I followed the vehicle and did an emergency break, as my vehicle was about to come to a stop, the third vehicle (SMP594P) which is behind my vehicle had already collided into my vehicle.