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 Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

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 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 12/12/2022 16:50 (SGT) Reported by Date of Accident 11/12/2022 22:40 (SGT) Exact Location of Accident Singapore Additional Location Information NICOLL HIGHWAY TOWARDS CITY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Vehicle Registration Number **SLH1233D**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **EDWIN LEONG YEW FAI** NRIC No SXXXX384B Email Address leongyewfai@gmail.com Mobile Phone No (Phone) +65-91999294 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Harrier Variant Exact purpose for which vehicle was being used at time of Private hire

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Private hire Transmission Auto CC 1986

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00020242200

DRIVER

Name of Driver **EDWIN LEONG YEW FAI** NRIC No SXXXX384B Date Of Birth 07/12/1976 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	12/01/2010 12 YEARS AND 11 MONTHS Male (Phone) +65-91999294 - leongyewfai@gmail.com BLK 619B PUNGGOL DRIVE #08-775 822619 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 3 Yes No Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT: T/20221212/7028	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	GBF11M

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 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SLG4319B - -
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	EDWIN LEONG YEW FAI
Gender	Male
Phone No	(Phone) +65-91999294
	•
Address	BLK 619B PUNGGOL DRIVE
Address Complement	#08-775
Post Code	822619
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SLH1233D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Nο

SKETCH PLAN

IMPORTANT NOTICE

- 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 Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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)

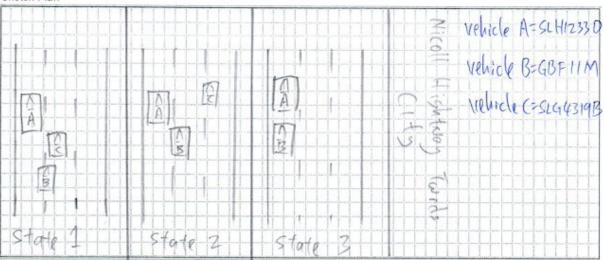
I understand, acknowledge, agree and consent that:

- (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 (Name as in NRIC/ID card)

Sketch Plan



1

Refer	to	Police	Report	· T/20221	212/7028
			(
 				1	10.00

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221212/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLH1233D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000202 42200	29/11/2022	28/11/2023		

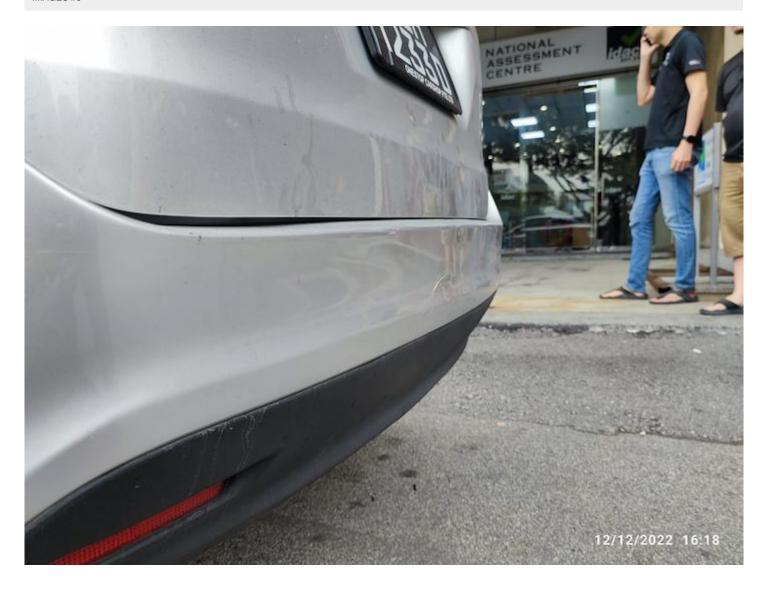
Details of Perso	n Involved			1000	Jan 1	
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Per	destrian C	ross	ing: NA
Driver	TALK BEST OF THE	TO MAKE				
Name	EDWIN LEONG YEV	W FAI		ID No.		S7639384B
Related Vehicle	SLH1233D (Car)			Contact	No.	91999294
Hospital/Clinic	OUR FAMILY PHYS SURGERY	SICIAN CLI	NIC &	Class of Driving Licence Expiry		Class: 3 Date of Expiry: NIL
Date	12/12/2022		Date	1	2/12	/2022
No. of Days gran	ted Medical Leave	05	Degree of		Slight	

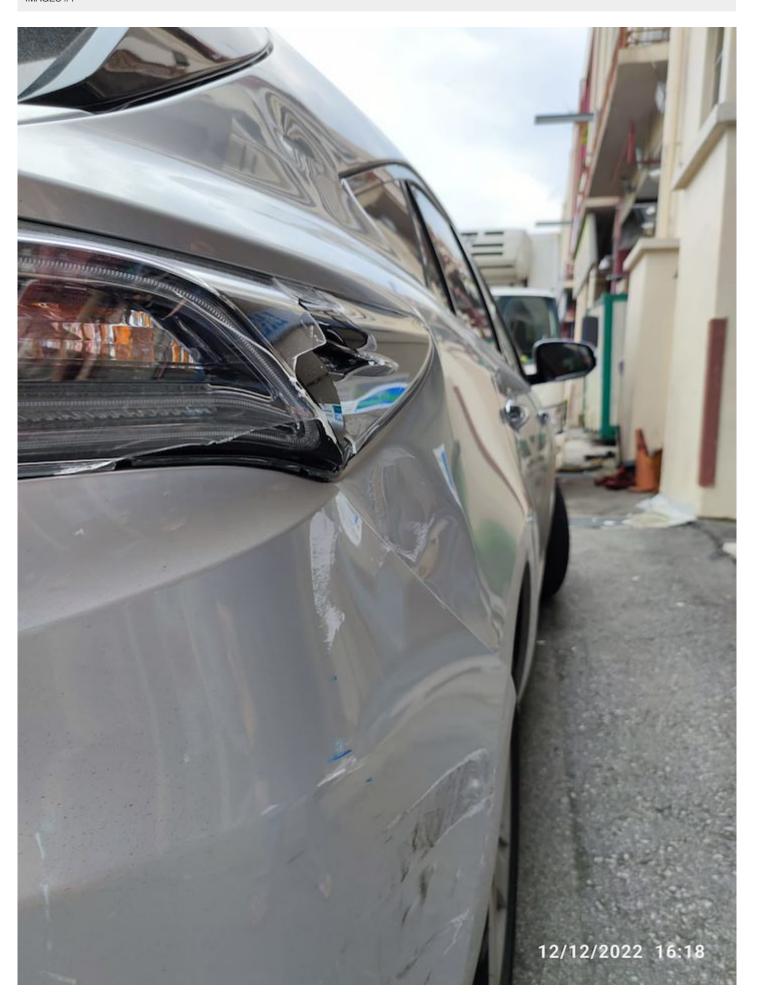
Brief Details.

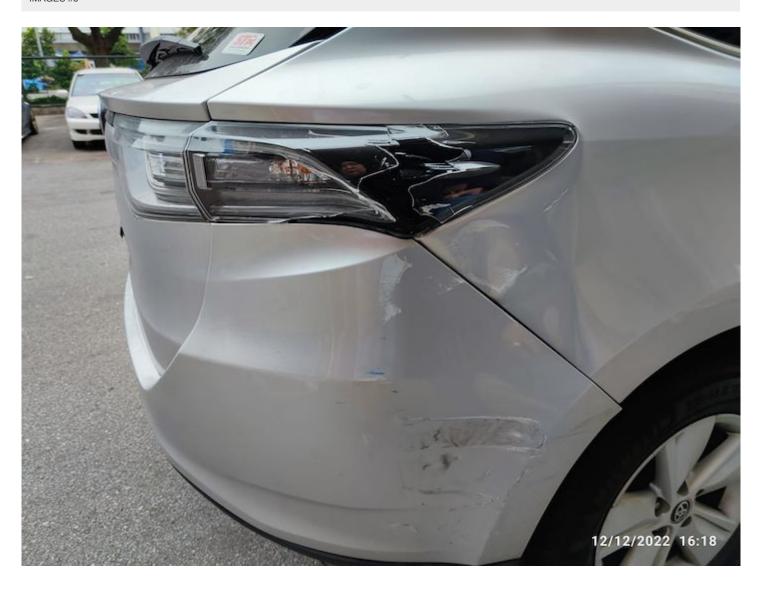
On 11/12/2022 at about 2240 Hrs,i was driving my vehicle SLH1233D along Nicoll Highway towards City with no passenger onboard. While i was traveling straight on the extreme Left Lane of 3 Lane Road after Middle Road Junction. Out of sudden, a Lorry GBF11M from my right lane abruptly collided onto my vehicle rear right side portion and the impact surged my vehicle forward and the said Lorry collided again onto my vehicle rear portion as both vehicle still moving after 1st impact. After the accident, i alighted my vehicle and discover that is a chain collision as another vehicle SLG4319B was involved. I request the said Lorry for exchange particular but he refuse and ask me just to take down vehicle number, after which he drove off the scene. I call Police for assist and the police officer arrived and advice me to log a Hit and Run police report and also give me a case number as :A/20221211/0167 I wish to state that my neck and back pain due to the impact of the accident and today when i wake up the pain more worse so i consult doctor and was given 5 days MC.

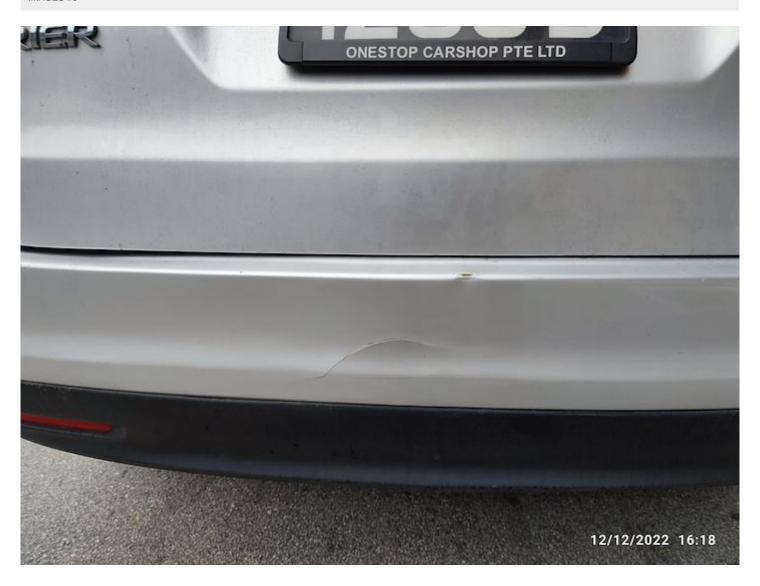






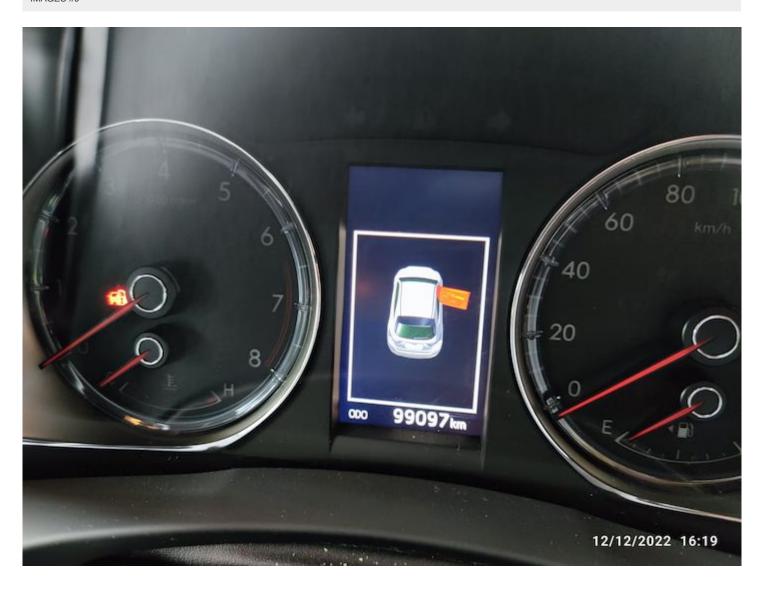
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

	221212		ista i e an e

1 of 3

Report No. T/20221212/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 12/12/20	e Report M 22 13:08	lade:	Vide Report No.:	Station Diary No.:	
Informar	nt's Particu	ulars		国文本 的是,其他文本的。1915年,1916年1	
	Informant: .EONG YE	W FAI	Address: 619B PUNGGOL DRIV	E #08-775 SINGAPORE 822619	
ID Type / ID No.:			Contact No.:		
NRIC NO / S7639384B			Home/Office: Mobile: 91999294		
Nationali	ty:	EN	Email:		
SINGAP	ORE CITIZ		LEONGYEWFAI@GMAIL.COM		
Sex:	Age:	Date of Birth:	Type of Informant:	1	
Male	46	07/12/1976	Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:		Driving Licence Informa	ation:		
PHV DRIVER		Class: 3	Date of Expiry:		

Type of Accident:			Date/Time of Accident: 11/12/2022 22:40	Type of Location Straight Road
Location: NICOLL HIG	HWAY			
Mashar		Road Surface:		Road Speed Limit:
Weather: Clear		Dry		
		Dry Traffic Control: Not Controlled		Traffic Volume; Moderate

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBF11M	Lorry	TOYOTA	DYNA	White	Slightly Damaged	0
SLG4319B	Car					0
SLH1233D	Car	ТОУОТА	HARRIER ELEGANCE 2.0 A	Silver	Seriously Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221212/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLH1233D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000202 42200	29/11/2022	28/11/2023		

Details of Perso	n Involved			1000	Jan 1	
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver	TALK BEST OF THE	TO MAKE				
Name	EDWIN LEONG YEW FAI			ID No.		S7639384B
Related Vehicle	SLH1233D (Car)			Contact No.		91999294
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	12/12/2022	2/12/2022		12/12		/2022
No. of Days granted Medical Leave 05		05	Degree of			

Brief Details.

On 11/12/2022 at about 2240 Hrs,i was driving my vehicle SLH1233D along Nicoll Highway towards City with no passenger onboard. While i was traveling straight on the extreme Left Lane of 3 Lane Road after Middle Road Junction. Out of sudden, a Lorry GBF11M from my right lane abruptly collided onto my vehicle rear right side portion and the impact surged my vehicle forward and the said Lorry collided again onto my vehicle rear portion as both vehicle still moving after 1st impact. After the accident, i alighted my vehicle and discover that is a chain collision as another vehicle SLG4319B was involved. I request the said Lorry for exchange particular but he refuse and ask me just to take down vehicle number, after which he drove off the scene. I call Police for assist and the police officer arrived and advice me to log a Hit and Run police report and also give me a case number as :A/20221211/0167 I wish to state that my neck and back pain due to the impact of the accident and today when i wake up the pain more worse so i consult doctor and was given 5 days MC.





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

3 of 3 Report No. T/20221212/7028

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.			
Signature Of Interpreter: Not applicable	Date/Time: 12/12/2022 13:08			
Officer In Charge Of Case: TP / TPIB / JOFILIANO BIN MOHAMED ALI Contact No.: 65476960	Classification Of Case:			

