

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 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 | 12/12/2022 19:57 (SGT) |
| Reported by | Both |
| Date of Accident | 10/12/2022 13:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | JLN CHENCHARU |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMW1816G |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------------|
| Is company? | No |
| Name Of Registered Owner | LEOW YONG FAITT (LIAO RUNFA) |
| NRIC No | S7408653E |
| Email Address | steveleowyf@gmail.com |
| Mobile Phone No | (Phone) +65-97401140 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-----------------------------|
| Manufacturer | Toyota |
| Model | CAMRY HYBRID 2.5 ASCENT CVT |
| 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 | 2487 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5119666513-02 |

DRIVER

| | |
|----------------------|------------------------------|
| Name of Driver | LEOW YONG FAITT (LIAO RUNFA) |
| NRIC No | S7408653E |
| Date Of Birth | 03/03/1974 |
| Occupation | Indoor |

| | |
|--|---------------------------------|
| Date Of Driving Pass | 16/02/1995 |
| Driving experience | 27 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97401140 |
| Alt. Phone Number | - |
| Email Address | steveleowyf@gmail.com |
| Address | BLK 757 WOODLANDS AVE 4 #11-253 |
| Address complement | - |
| Postcode | 730757 |
| 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 | 3 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | Yes |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

PASSENGER 1

| | |
|--------------|--------|
| Name | WIFE |
| Gender | Female |

PASSENGER 2

| | |
|--------------|------|
| Name | SON |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | Woodlands East Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007679999 |
| Police Station Address | 3 Woodlands Drive 63 Singapore 737890 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT

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 | WILL SEND TO INSURER |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------------------|
| Vehicle Registration Number | SH7157T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | - |
| Contact Number | (Phone) +65-90110278 |
| 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 | SMY8975Z |
| 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 | PASSENGER |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMY8975Z |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

VEH NO: SMQ 1816G
 INSURER: INCOME
 DATE OF ACC: 10/12/22 13:00 HRS

IMPORTANT NOTICE

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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.**
6. 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.
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 (Name as in NRIC/ID card)

Sketch Plan

12/12/22

12/12/22

Edwin CWL

PLEASE
TURN
OVER

Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy (☒) Claim Third party () Reporting Only

() Claim OD/ TP at other workshop (_____)

Sketch Plan

SEMBAWANG ROAD

LOR CHENCHARU

Crash and hit my car

V1 : SMW1816GT (my car)
V2 : SH7157T (Taxi)
V3 : SMY8975Z

ATTACHED TO POLICE REPORT

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

12/12/22

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

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

12/12/22

esendy (ml)

2









**SINGAPORE
POLICE FORCE**



T/20221210/2079

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20221210/2079

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|-------------------|--|-------------------------------------|-----------------------------------|--|
| Date/Time Report Made: 10/12/2022 16:56 | | Vide Report No.: L/20221210/0084 | | Station Diary No.: 49 | |
| Name of Informant: LEOW YONG FAIT | | | | | |
| Address: APT BLK 757 WOODLANDS AVENUE 4 #11-253 SINGAPORE 730757 | | | | | |
| ID Type / ID No.: NRIC NO / S7408653E | | Contact No.: Home/Office: Mobile: 97401140 | | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | | |
| Sex: Male | Age: 48 | Date of Birth: 03/03/1974 | Type of Informant: Driver | | |
| Race: Chinese | | Language: English | | Institution / School Name: | |
| Occupation: ENGINEER | | Driving Licence Information: Class: 2B,3 | | Date of Expiry: | |

| | | | | |
|--|----------------------------------|---|---|---|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No. | Date/Time of Accident: 10/12/2022 13:00 | Type of Location: Straight Road |
| Location: SEMBAWANG ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|--------|-----------------------------|-------|-------------------|----------------------|
| Vehicle No. | Type | Make | Model | Color | Condition | Number of Passengers |
| SH7157I | Car | TOYOTA | PRIUS HYBRID 1.8 CVT | | Seriously Damaged | 0 |
| SMW1816G | Car | TOYOTA | CAMRY HYBRID 2.5 ASCENT CVT | White | Slightly Damaged | 3 |
| SMY8975Z | Car | KIA | CERATO 1.8(A) SUNROOF | | Seriously Damaged | 2 |



**SINGAPORE
POLICE FORCE**



T/20221210/2079

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20221210/2079

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|------------|
| Vehicle No. | Insurance Co. | Policy No. | Start Date | End Date |
| SMW1816G | NTUC Income Insurance Co-Operative Limited | 5119666513-02 | 06/11/2022 | 05/11/2023 |

| Details of Person Involved | | | |
|-----------------------------------|----------------|--|------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | LEOW YONG FAIT | ID No. | S7408653E |
| Related Vehicle | SMW1816G (Car) | Contact No. | 97401140 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 10/12/2022 at about 1300hrs, I was driving my vehicle bearing plate number: SMQ1816G (V1) along Jalan Chencharu, waiting to turn left onto Sembawang Road. Out of a sudden, a taxi bearing plate number: SH7157T (V2) who was from Sembawang Road, turning into Jalan Chencharu, crashed into another car bearing plate number: SMY8975Z (V3) who was driving along Sembawang Road. After the collision between V2 and V3, V2 swerved and collided into V1.

V3 had the right of way.

V1 has scratches on the front right portion while V2 and V3's front bumper came off. Traffic Police and ambulance were at scene. One female passenger from V3 was seen conveyed by ambulance.


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20221210/2079

3 of 3

Report No. T/20221210/2079

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 2 NUR DINI BINTE
HASNEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
SGT 3 INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

Signature Of Informant:

Date/Time:

10/12/2022 16:56

Classification Of Case:

NP168