

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	16/01/2023 18:18 (SGT)
Reported by	Owner
Date of Accident	10/01/2023 11:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE (TUAS) 29.8KM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ES1188B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEONG KEE CHEE
NRIC No	SXXXX298J
Email Address	JENNIFERX4325@GMAIL.COM
Mobile Phone No	(Phone) +65-91555911
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Latio
Variant	5DR
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	1500

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000566184-01

DRIVER

Name of Driver	MERLINA MRS LEONG HEE SUAN
NRIC No	SXXXX143B
Date Of Birth	28/12/1966
Occupation	Outdoor

Date Of Driving Pass	02/09/2002
Driving experience	20 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91555911
Alt. Phone Number	-
Email Address	JENNIFERX4235@GMAIL.COM
Address	BLK 421 CLEMENTI AVENUE 1
Address complement	#23-369
Postcode	120421
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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)	2
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	LEONG HEE SUAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. : T/20230111/2038.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7379B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	SULAIMAN BIN BAKAR
NRIC No	SXXXX952Z
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	SHA1619J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	KOH SIP CHON
NRIC No	SXXXX541E
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	MARLINA MRS LEONG HEE SUAN
Gender	Female
Phone No	(Phone) +65-91555911
Address	BLK 421 CLEMENTI AVENUE 1
Address Complement	#23-369
Post Code	120421
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	ES1188B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	LEONG HEE SUAN
Gender	Male
Phone No	(Phone) +65-91555911
Address	BLK 421 CLEMENTI AVENUE 1
Address Complement	#23-369
Post Code	120421
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	ES1188B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE


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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:

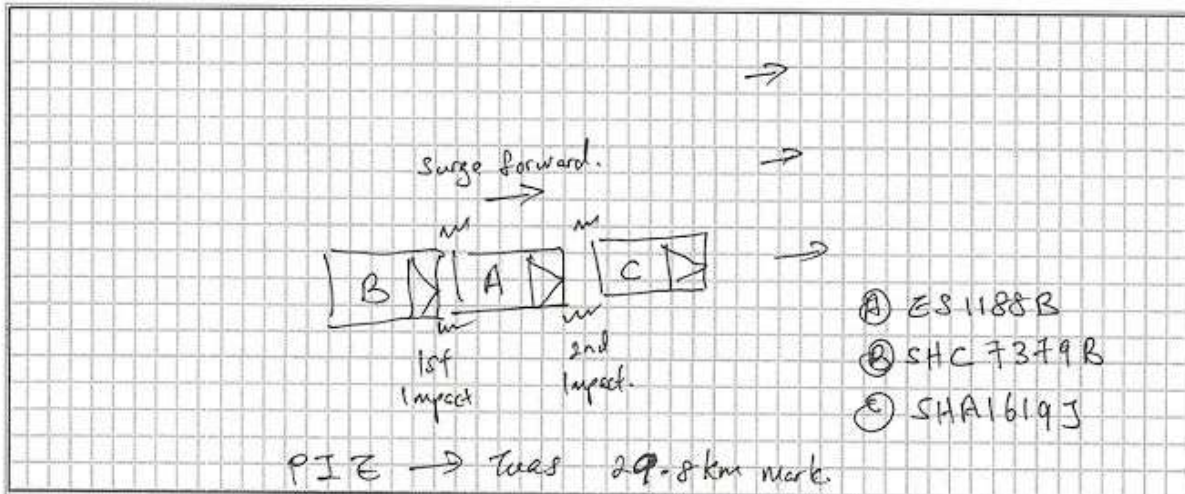
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

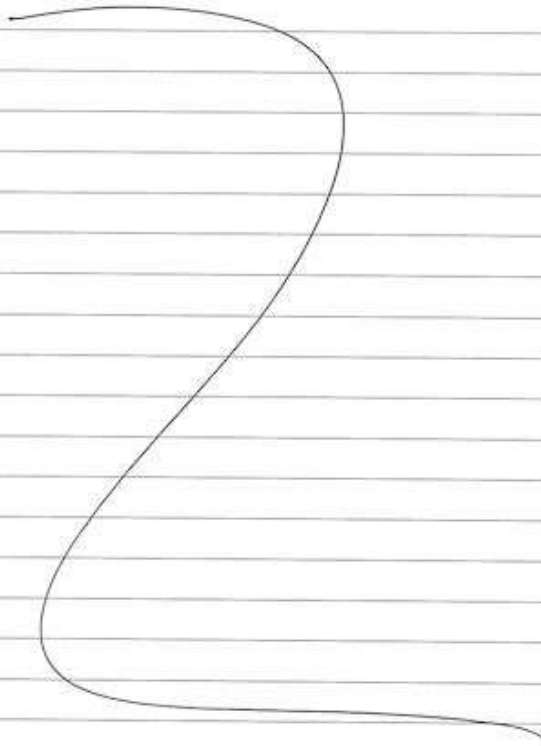
 Jenny Koh 16/01/2023
Claims Executive
HR8139 9800
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to police report no T/20230111/2038



Declaration

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

Leong

Policyholder's Signature / Date & Time

[Signature]

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

[Signature] Jenny Koh 14/01/2023
Claims Executive
HP: 8139 9800 1800 HRS
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



















**SINGAPORE
POLICE FORCE**



T/20230111/2038

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20230111/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2023 12:46		Vide Report No.: D/20230110/0056		Station Diary No.: 41	
Informant's Particulars					
Name of Informant: MARLINA			Address: APT BLK 421 CLEMENTI AVENUE 1 #23-369 SINGAPORE 120421		
ID Type / ID No.: NRIC NO / S2685143B			Contact No.: Home/Office: Mobile: 91555911		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 56	Date of Birth: 28/12/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CLEANER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/01/2023 11:55	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: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
ES1188B	Car					1
SHA1619J	Car					1
SHC7379B	Car					1



**SINGAPORE
POLICE FORCE**



T/20230111/2038

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20230111/2038

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LEONG HEE SUAN	ID No.	S0125254B
Related Vehicle	ES1188B (Car)	Contact No.	97559128
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/01/2023	Date Discharge	10/01/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	MARLINA	ID No.	S2685143B
Related Vehicle	ES1188B (Car)	Contact No.	91555911
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/01/2023	Date Discharge	10/01/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	KOK SIP CHON	ID No.	S2502541E
Related Vehicle	SHA1619J (Car)	Contact No.	84922521
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20230111/2038

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20230111/2038

CONTINUATION OF REPORT

Driver			
Name	SULAIMAN BIN BAKAR	ID No.	S0156952Z
Related Vehicle	SHC7379B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 10/1/2023 at about 1157hrs, i was driving my brother-in-law namely Leong Kee Chee's car, bearing registration number ES1188B along PIE (Tuas) 29.8KM, after Toh Guan Road Exit. My husband was seated at the front passenger seat. There were a total of 3 lanes. I was on first lane and i saw that there was road work at the front and i had merged into the lane 2. The Taxi bearing registration number SHA1619J at the front came to a stop, which caused me to brake and subsequently came to a stop. All of a sudden, the Taxi from the rear bearing registration number SHC7379B collided with the rear of our car, the impact was severe, resulted in our car to move forward, i then quickly swerved to my right, in attempt to avoid collision with the front Taxi, but to no avail as i also collided with the front Taxi.

After the collision, we both alighted from our car and exchanged particulars with the two other drivers. Traffic Police and ambulance arrived at scene. My husband and I were both conveyed to Ng Teng Fong General Hospital. I experienced pain on both of my knees and today on the 11/1/2023 while lodging this report, i felt pain at my neck area. My husband experienced pain on his neck area to his lower back area. We were given 03 days of outpatient sick leave until 12/1/2023.

The front left of the car that i was driving sustained scratches and dents whereas the rear of the car sustained very serious damage.

There was a working front camera in the car that i was driving and it was handed over to the Traffic Police.



**SINGAPORE
POLICE FORCE**



T/20230111/2038

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Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20230111/2038

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:
D /
SGT 3 LEE LI HWEE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/01/2023 12:46

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

Classification Of Case:

NP168



Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1995 (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2C00560184-01
 Date of Issue : 23 September 2022
 Coverage : Third party only
 Policyholder : LEONG KEE CHEE
 Period of Insurance : 23 September 2022 to 22 September 2023 (both dates inclusive)
 Registration No. : ES1188B
 Chassis number of Vehicle : JN1FAAC11Z0010772

Persons or Classes of Persons Entitled to Drive*:

- (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission

**Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.*

Limitation as to Use*:

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

The Policy does not cover:

- (a) use for hire or reward
 (b) use for racing, pace-making, reliability trials or speed testing
 (c) use for the carriage of goods (other than samples) in connection with any trade or business
 (d) use for any purposes in connection with the Motor Trade

**Limitation rendered inoperative by Section 8 of 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.*

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or Amendment, Act or Acts passed in substitution thereof.

23 September 2022
 Issued Date

Hicham Raissi
 Chief Executive Officer
 Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000160 All Ins Marketing Pte Ltd
 Excess : Own Damage
 : Windscreen Damage

SGD 0.00
 SGD 0.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C
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