# **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.

- 4. The issue and acceptance 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 First Submission 31/07/2023 17:42 (SGT) Reported by **Actual Driver** Date of Accident 30/07/2023 14:00 (SGT) Exact Location of Accident Hougang Ave 3, Singapore Additional Location Information TOWARDS BARTLEY ROAD EAST Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SML2161M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner 1AXIS PRESTIGE LEASING PTE, LTD. Company Reg No 2XXXXX962N Email Address reporting.gt@gmail.com Mobile Phone No (Phone) +65-97612148 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel Variant Exact purpose for which vehicle was being used at time of accident **Employment** 

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto

CC 1496

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNA00017352200

DRIVER

Name of Driver LEONG KOK WENG NRIC No SXXXX244C Date Of Birth 11/08/1972 Occupation Outdoor

Date Of Driving Pass	08/06/2012
Driving experience	11 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97612148
Alt. Phone Number Email Address	-
Address	reporting.gt@gmail.com 76 HOUGANG AVENUE 7 #09-21
Address complement	70 HOUGANG AVENUE 7 #09-21
Postcode	538807
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
insurance company of other vehicle owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	•
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No Yea
Number of Passengers (Including Driver)	Yes 3
Has the driver been approached by unknown person(s)	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	UNKNOWN
Gender	Male
PASSENGER 2	
Nama	LINUALOMAL
Name Gender	UNKNOWN Female
adildd	remale
DETAILS OF POLICE ACTION	
M	
Was the accident reported to the police?	Yes
Police Station Name Police Station Phone No	Sengkang Neighbourhood Police Centre
Alt. Police Station Phone No	(Phone) +65-18003438999 (Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20230730/2050	
LENGE HELEKTOT GEIGETKEI GIVI 1/20200/30/2000	
ATTACHMENT(S)	

Yes Yes

Are accident photos available for attachment? Was there any video captured by Car Camera?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SMV1937X
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 KOK WENG
Gender	Male
Phone No	(Phone) +65-97612148
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SML2161M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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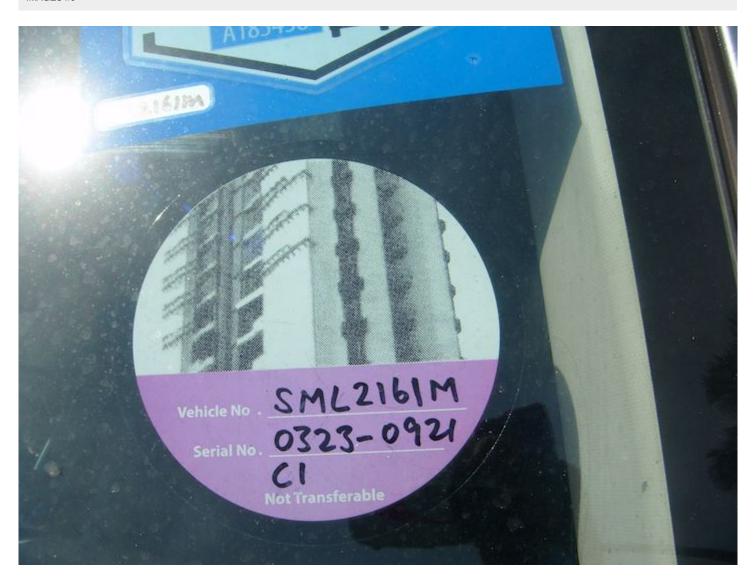
































Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

Report No. T/20230730/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No. Station Digry No.

30/07/2	30/07/2023 16:37		G. 300 - 500 - 500 - 100	69
Informant's Particulars				100
LEONG	f Informant KOK WEN		Address: 76 HOUGANG AVENUE 7 #09	-21 SINGABORE 530003
ID Type / ID No.: NRIC NO / S7263Z44C		44C	Contact No.: Home/Office:	Mobile: 97612148
National SINGAP	ity: ORE CITIZ	EN	Email:	WODEC, 37012140
Sex; Age: Date of Birth: Male 50 11/08/1972		Date of Birth: 11/08/1972	Type of Informant:	
Race: Chinese			Language:	
Occupation: PRIVATE HIRER			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident:	Type of Location
ocation:		140	30/07/2023 14:0	0
HOUGANG A	VENUE 3			
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way Type of Collis		Traffic Control: Traffic Light - Worki	ng.	Traffic Volume Moderate

Vehicle No.	Туре	Make	Model	Calas	I a	
SML2161M	Car		1100000	Calor	Condition	No of Passenger
	00000	HONDA	VEZEL HYBRID 1.5X AUTO	Silver	Slightly Damaged	2
SMV1937X	Car	HONDA	HRV 1.5 DX	Red		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	
The state of the s	Use of Pedestrian Crossing NA





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

2 of 3 Report No. T/20230730/2050

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Driver				
Name	LEONG KOK WENG		ID No.	07000
-	000000000000000000000000000000000000000		10 740.	S7263244C
Related Vehicle	SML2161M (Car)		Contact No.	97612148
Hospital/Clinic	NIL			
0 6 52	100550		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Dient	narge NIL	
No. of Days gran	ted Medical Leave NIL	Degrae of	Injury NIL	
Driver		Dograd U	injury NIL	
Name	KANNUSAMY SANTHAKUMAR		ID N	
	T. A. T. T. S. S. WAY.		ID No.	\$7366805J
Related Vehicle	SMV1937X (Car)		0	
	2.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		Contact No.	NIL
Hospital/Clinic	NIL		01	
Date Treatment	No.		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
	NIL	Date Disch	arge NIL	
vo. or bays grant	ed Medical Leave NIL	Degree of	njury NIL	

### Brief Details.

On the 30/07/2023 at about 1400hrs, I (SML2161M) was driving at junction Hougang Avenue 3 and Bartley East Road. The traffic light was red, and I was on the most right lane to turn right. Suddenly, there was an impact from the rear. The vehicle (SMV1937X) behind me had hit onto my vehicle. No one was injured. I had checked on the passengers and they claimed that they were fine.

My vehicle damages were a dented rear with scratches. There was in car camera footage however I only have the front footage. I do not have the rear footage of the accident. No Police or ambulance attended the accident. Initially, the driver refused to acknowledge that he hit onto my vehicle. After exchanging particulars, we continued our journey. I did not manage to get his contact number.





Police Station Of Origin Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

3 of 3 Report No. T/20230730/2050

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Signature Of Informant:
Ar.
Date/Time: 30/07/2023 16:37
Classification Of Case;



#### TANK Provide Learning Day Ltd. (2021) 10030) S Yahari bekantal Rawal 1, 201-18. Here's Reving Rightali, Singapone 206161

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OWNER - moons 1AUS	PRESTIGE LEASING P	TE. LTD. (Company)	
RENTAL VEHICLE	V.14		
Vehicle Make	Vehicle Model	Vehicle Plate Number	Vehicle Color
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	End Date:	5/3/34 Contract Period _	1 year
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		equally until either party provides	
SCONTRACT	R pay the rental in Seu of	the shortfall days if notice is less	s than fourteen (14) days
End Date specified above, prior to the End Date, the (	if given fourteen (14) day butter reserves the right to	on the End Date specified above thibits. RENTER may terminate to at notice prior End Date. If this a to forfeit full deposit and one mor	his agreement ONLY to
he Rester hereby agrees	to pay the Owner for use	of Vehicle as follows:	
CETER FOOD: 5 71 80	Dev	chandal I	
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