

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 First Submission	31/07/2023 15:04 (SGT)
Reported by	Actual Driver
Date of Accident	14/07/2023 19:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PARLIAMENT PLACE TOWARDS SAINT'S ANDREWS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1233D
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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 accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
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	LEROY FRANK RATNAM
NRIC No	SXXXX179J
Date Of Birth	30/12/1980
Occupation	Indoor

Date Of Driving Pass	13/01/2006
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91462309
Alt. Phone Number	-
Email Address	leongyewfai@gmail.com
Address	APT BLK 111 COMMONWEALTH CRESCENT
Address complement	# 03-296
Postcode	140111
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	No 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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	PUNGGOL N.P.C
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230729/2019

ATTACHMENT(S)

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




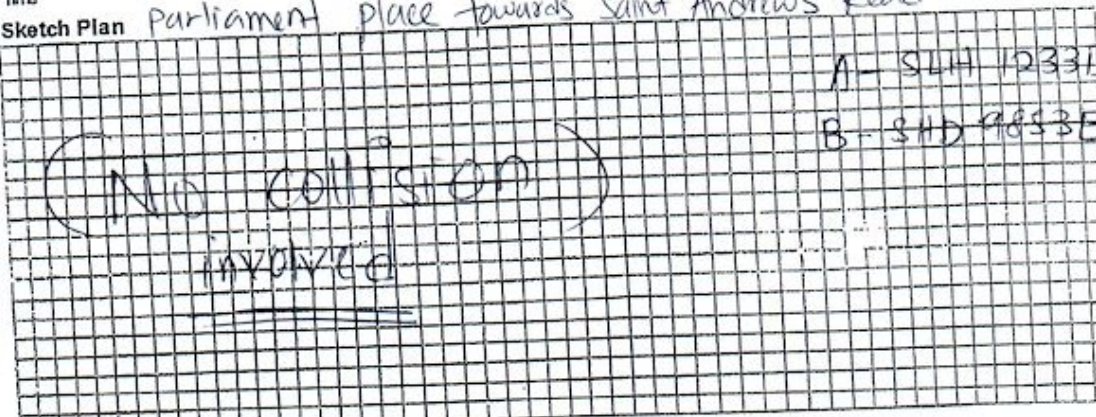
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD9853E
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
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) -

SKETCH PLAN

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6. The 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.
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.

 31 July 23 Policyholder's Signature / Date & Time	 31 JULY 2023 Driver's Signature (If driver is not the policyholder) / Date & Time	 31/7/23 Witnessed by Reporting Centre Personnel
Sketch Plan <u>Parliament Place towards Saint Andrews Road</u>		
		
A - SHH 1233D B - SHD 9853E		

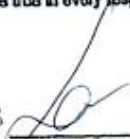
Describe Circumstance of the Accident

Please refer to the attached
police report - T/20230729/2019

Declaration

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

 31 July 23
Policyholder's Signature / Date & Time

 31 July 2023
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

 31/7/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

v.k.j.a.2022



**SINGAPORE
POLICE FORCE**



T/20230729/2019

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

2 of 4

Report No. T/20230729/2019

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 Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEROY FRANK RATNAM	ID No.	S8041179J
Related Vehicle	SLH1233D (Car)	Contact No.	91462309
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	EDWIN LEONG YEW FAI	ID No.	NIL
Related Vehicle	SLH1233D (Car)	Contact No.	91999294
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 14/07/2023, I WAS DRIVING THE VEHICLE SLH1233D. THE VEHICLE IS REGISTERED UNDER MY WORKER'S BROTHER AND I HAD GIVEN THE PERMISSION TO DRIVE IT. THE ALLEGED ACCIDENT HAPPENED ON THE 14/07/2023 AT 1920HRS. I AM CERTAIN OF THE DATE HOWEVER THE TIMING COULD BE MUCH EARLIER AS I REMEMBERED THAT THE DAY WAS STILL BRIGHT.

I WAS DRIVING ALONG THE RIGHT LANE OF PARLIAMENT PLACE TOWARDS SAINT'S ANDREWS ROAD. AS I WAS DRIVING ALONG THE ROAD OF PARLIAMENT PLACE, THERE WAS A CONSTRUCTION IN MY LANE, THEREFORE I SIGNAL MY INTENTION TO MERGE INTO THE LEFT LANE. THERE WAS A TAXI ON THAT LANE BUT THE TAXI WAS BEHIND AND I HAD ALREADY MERGING INTO THE LEFT LANE. AS I WAS MERGING INTO THE LANE, THE TAXI MOVE FORWARD AND NOT GIVING WAY TO MY VEHICLE. I THEN HONKED AT THE TAXI TO INDICATE TO HIM THAT I WAS ALREADY MERGING. I THEN MANAGED TO MERGE SUCCESSFULLY. I CAN AFFIRMED THAT THERE WAS NO COLLOSION OR ACCIDENT INVOLVED AT THAT MOMENT. I



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T/20230729/2019

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3 of 4

Report No. T/20230729/2019

CONTINUATION OF REPORT

ALSO SAW FROM MY REAR VIEW MIRROR THAT THE TAXI DRIVER STOP HIS VEHICLE IN THE MIDDLE OF THE ROAD AND CAME DOWN. HE WAS THEN SEEN CIRCLING HIS TAXI, WHICH I ASSUME HE IS CHECKING FOR ANY DAMAGE. I THEN DROVE OFF BECAUSE I AFFIRMED THAT THERE WAS NO COLLISION OR ACCIDENT WITH THE TAXI.

THE OWNER OF THE VEHICLE RECEIVED A LETTER FROM TRAFFIC POLICE REFERENCE TP/IP/20465/2023 AND THE LETTER EXPLAINED THAT THE TAXI DRIVER HAD MADE ALLEGATION THAT I WAS INVOLVED IN A HIT AND RUN ACCIDENT. I WAS ADVISED TO LODGE A TRAFFIC POLICE REPORT. I WISH TO STATE AND AFFIRMED THAT THERE WAS NO COLLISION OR ACCIDENT WITH THE OTHER PARTIES OR ANY OTHER PARTIES. THERE WAS NO DAMAGE TO THE VEHICLE I AM DRIVING. THERE IS AN IN CAR CAMERA HOWEVER IT WAS ALREADY OVERWRITTEN.

























SINGAPORE POLICE FORCE



T/20230729/2019

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

1 of 4

Report No. T/20230729/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2023 09:59	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: LEROY FRANK RATNAM			Address: APT BLK 111 COMMONWEALTH CRESCENT #01-296 SINGAPORE 140111		
ID Type / ID No.: NRIC NO / S8041179J			Contact No.: Home/Office: Mobile: 91462309		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 30/12/1980	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: CEO			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/07/2023 19:20	Type of Location: Straight Road
Location: PARLIAMENT PLACE				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: No collision	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD9853E	TAXI				No Damage	0
SLH1233D	Car	TOYOTA	HARRIER ELEGANCE 2.0 A	Silver	No Damage	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230729/2019

Police Station Of Origin:
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SLH1233D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000202 42200	29/11/2022	28/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEROY FRANK RATNAM	ID No.	S8041179J
Related Vehicle	SLH1233D (Car)	Contact No.	91462309
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	EDWIN LEONG YEW FAI	ID No.	NIL
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T/20230729/2019

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Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

4 of 4

Report No. T/20230729/2019

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /

SI MOHAMED FAZLY SHAH BIN
HUSSAINSAH

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
29/07/2023 09:59Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168


**SINGAPORE
POLICE FORCE**

Our Ref : TP/IP/20465/2023
Date : 24 JULY 2023

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 6902
www.police.gov.sg

EDWIN LEONG YEW FAI
619B PUNGGOL DRIVE
#08-775
SINGAPORE 822619

Dear Sir / Madam

ALLEGED HIT-AND-RUN ACCIDENT INVOLVING SLH1233D & SHD9853E ALONG PARLIAMENT PLACE ON 14 JULY 2023 AT 1920 HRS

Our investigations showed that you are the registered owner / driver of motorcar, SLH1233D, allegedly involved in the said accident.

2 You are required to provide the particulars of the driver on the above date and time within 14 days of receipt of this letter. Under the provisions of the Road Traffic Act, it is an offence not to provide the driver's particulars, and the owner can be liable to a fine of up to \$1,000/- or 6 months' imprisonment.

3 In addition, please inform the driver to lodge an online **Traffic Accident Report** using Singpass via <http://www.eservices.police.gov.sg>. Alternatively, the report may be lodged at any Police Post or Neighbourhood Police Centre. Do note that failure to lodge a report may have an adverse effect against the involved party.

4 The information given by the driver in the report will be carefully considered. The driver may not be called upon an interview if the information provided is sufficient for our investigation. If you have video evidence, you can send it to the Investigation Officer (IO) via email lrman_mohamad_said@spf.gov.sg. If the file size is too big, please make arrangements with the IO contactable at DID: 6547 6145 for a convenient method of retrieval. Alternatively, you may forward the video to IO IRMAN BIN MOHAMAD SAID through Whatsapp Messenger at 65476145.

Yours faithfully,

LIM KIAN HENG SAM, SUPT
CHIEF INVESTIGATION OFFICER / TRAFFIC POLICE
This is a computer-generated letter. No signature is required.

Particulars of the driver of SLH1233D on 14 JULY 2023 AT 1920 HRS:-

Name: LEONG FRANK RANAM Contact No: 91462309	NRIC / FIN / PP No. S80411795	Address: 33, UBI AVE 3, Vertex Building Tower B, #08-12, S(408 868)
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I affirm that the information I gave above is true and correct.

EDWIN LEONG YEW FAI 91999294
Name / Contact No of Registered owner

Signature of Registered vehicle owner

29 July 2023
Date

*Please mail or email a copy of the completed form, addressed to the Investigation Officer.

T/20230729/2019

