SS2X248K000F / SME MOTOR PTE LTD ENTRY DATE & TIME: 20/08/2024 16:48 (SGT) SUBMITTED BY: CHRIS ANG VERSION: 1 (20/08/2024 16:48 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

- This Form must be completed by the Policyholder and/or the Actual Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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 this report by insurance companies is not an authosolor 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

20/08/2024 16:48 (SGT) Both Policyholder and Actual Driver 19/08/2024 18:11 (SGT) Seletar Expw., Singapore

Singapore

DETAILS OF OWN VEHICLE

No

Vehicle Registration Number

SMP6993G

LIM KENG LYE

LIMKENGLYE@LIVE.COM.SG

(Phone) +65-98503109

No - Claiming third party

S1504475F

Honda

Private car

Auto 1496

Hr-v

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

EQ Insurance Company Ltd DMPPHQ23-009083

DRIVER



Name of Driver NRIC No Date Of Birth Occupation **Driving Pass Date** Driving License Pass Class **Driving License Validity** Driving experience Gender

Mobile Number Alt. Phone Number Email 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

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

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?

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT - T/20240819/7142

ATTACHMENT(S)

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

Yes

LIM KENG LYE S1504475F 04/12/1961 Outdoor 30/05/1984 3

40 YEARS AND 3 MONTHS

Valid Male

(Phone) +65-98503109

LIMKENGLYE@LIVE.COM.SG 321 TAMPINES ST 33 #05-128

520321 Yes

No

Collision - Change/cross lane

Clear Dry

No 2

No

Yes

No

Yes

Traffic Police (Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJZ204Z 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)

Describe Circumstance of the A	sccident			
	Refer	Police	Report	

Declaration

"We declare the foregoing particulars are true in every respect

Policyhoider's Signature / Date & Time

Driver's Signature (distriver is not the policyholder) (Date & Time)

Witnessed by Reporting Centre Personnel (Marie: as in NRIGHD sord)

SKETCH PLAN

IMPORTANT NOTICE

- Pleasur report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and or the Actual Oniver
- 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 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
- 7. By the loggement 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)

Lunderstand, 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

the 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

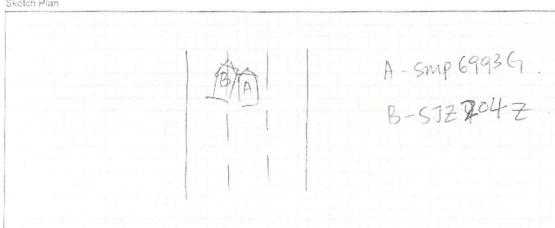
(c) my Personal Information may/can be disclosed by any of the Insurers and/or G/A to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Widnessed by Reporting Centre Personnel (Name as in NRICIO card)

Sketch Plan



1



Report No. T/20240819/7142

Police Statron Of Origin. Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No. 65470000

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made 19/08/2024 21:59		COLD CONTRACTOR OF STREET	Vide Report No	Station Diary No.:
Informan	t's Particular	rs		
Name of Lim Keng	Informant: Lye		Address: 321 TAMPINES STREET 3	3 #05-128 SINGAPORE 520321
ID Type / ID No.: NRIC NO / \$1504475F		5F	Contact No.: Home/Office	Mobile: 98503109
Nationalit SINGAPO	y: DRE CITIZE	N	Email: limkenglye@live.com.sg	
Sex: Male	Age: 62	Date of Birth: 04/12/1961	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation Carpenter			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drin No	/e: Date/Time of Accider 19/08/2024 18:11	Type of Location Straight Road
Location Along SLE				
Weather.		Road Surface: Dry		
Clear				
Clear Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SMP6993G	Motor car	HONDA	HRV	Brown	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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



2 of 3 Report No. T/20240819/7142

CONTINUATION OF REPORT

Driver	The state of the s				Constitution of the second
Name	LIM KENG LYE		ID No.		S1504475F
Related Vehicle	SMP6993G (Motor car)		Contac	ct No.	98503109
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry, NIL
Date Treatment	NIL	Date Discha	arne	NIL	Acres and the second se
No. of Days granted Medical Leave (MC) NIL		Commence of the Contract of th	Degree of Injury NIL		en er produktionaleur verderlieden met einer er periodekt in entjerne) et ten verde fan de de dektelste en de spende menste

Brief Details.

My vehicle is travelling towards woodlands ave 2, have in house camera installed with my vehicle, its a express way, the vehicle toyata van , number plate SJZ 204 Z cuts into my lane and knock my vehicle left head side, causing dent and paint scratch.



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



Report No. T/20240819/7142

CONTINUATION OF REPORT

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: 19/08/2024 21:59
Officer In Charge Of Case: TP / HRT / SUFIYAN BIN KHAIRI Contact No.: 65476148	Classification Of Case:
This report is lodged at Kampung Ubi NPP	