

MSME17155416 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 24/11/2017 12:16

## 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 Authorised 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 ability.
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 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 Report	24/11/2017 12:16
Date Of Accident	24/11/2017 06:35
Exact Location Of Accident	AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN3266B
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#### Insured/Policyholder

Name Of Registered Owner	MH LIMO
Co Reg No	53177502W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97437181

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD

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? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

#### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MX004331-R03
Cover Note Number	

#### Driver

Name of Driver	MAHADI BIN SALLEH
NRIC No	S1582733E
Date Of Birth	10/05/1963
Occupation	INDOOR
Date Of Driving Pass	20/09/1983
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97437181
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 223 TAMPINES STREET 24 #02-80  
 Postcode 621223  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident COLLISION - CHANGE/CROSS LANE  
 Weather Conditions CLEAR  
 Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Was any body injured in the Accident? YES  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name BISHAN NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-5529999 - FAX NO: 65561905  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

REFER TO POLICE REPORT: T/20171124/2021.

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHC3144M  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Name of Driver QH CHYE HUAT  
 NRIC/Passport Number S0042639C  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**Details of Witness**

Name  
 Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name	MAHADI BIN SALLEH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKN3266B
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

V-FIX



**Sketch Plan #2 Pg. 1**

### SKETCH PLAN

Terminal ② Departure Hall



A - SKN 3266B

B - SHC3144M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report No. : T/2017/124/2021

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan #3 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20171124/2021

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3

Report No. T/20171124/2021

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2017 09:47		Vide Report No.:		Station Diary No.: 18
<b>Informant's Particulars</b>				
Name of Informant: MAHADI BIN SALLEH		Address: APT BLK 223 TAMPINES STREET 24 #02-80 SINGAPORE 521223		
ID Type / ID No.: NRIC NO / S1582733E		Contact No.: Home/Office: Mobile: 97437181		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 54	Date of Birth: 10/05/1963	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupation: LIMOUSINE DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/11/2017 06:35	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD  Airport Boulevard Changi Aiport Terminal 2 Drive way at Departure Hall.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3144M	Car				Slightly Damaged	0
SKN3266B	Car				Slightly Damaged	0

## Details of Person Involved

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

## Sketch Plan #4 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20171124/2021

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

2 of 3

Report No. T/20171124/2021

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Qh Chye Huat	ID No.	S0042639C
Related Vehicle	SHC3144M (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
<b>Driver</b>			
Name	MAHADI BIN SALLEH	ID No.	S1582733E
Related Vehicle	SKN3266B (Car)	Contact No.	97437181
Hospital/Clinic	UNIHEALTH 24HR CLINIC (ANG MO KIO )	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/11/2017	Date Discharge	24/11/2017
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 24/11/2017 at about 06.35am, I was driving my vehicle (SKN3266B) along Airport Boulevard at Changi Airport Terminal 2 Departure Hall Driveway on lane 4. After I had dropped off my passenger at the departure hall, I changed from lane 4 to lane 3. While I trying to change lane from lane 3 to lane 2. Another vehicle SHC3144M collided head-to-rear into my vehicle then I realised that the vehicle SHC3144M was changing lane from lane 2 to lane 3. The collision took place when my vehicle was still at lane 3. Due to the accident, my vehicle's right side rear bumper was damaged. I have an in-car CCTV which recorded the incident. As I felt pain at neck, shoulder and arm area, I consulted a doctor and was granted with 4 days of medical leave.

There is no visible injury seen on the other driver. I am lodging report for insurance claim.



## Sketch Plan #5 Pg. 1

**SINGAPORE  
POLICE FORCE**

T/20171124/2021

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 3

Report No. T/20171124/2021

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:

E /

Sgt 2 LIM LI CHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/11/2017 09:47

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

Classification Of Case:

SN 076

Authentication Stamp

NP168