MSME17159689 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 04/12/2017 15:36

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 witholding 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.

|--|

Date Of Report

04/12/2017 15:36

Date Of Accident

01/12/2017 17:55

Exact Location Of Accident

ALONG MCE TWDS KPE

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLB3660Y

Insured/Policyholder

Name Of Registered Owner

TAY KIM HUAT

NRIC No

S7724821H

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-97421646

Alternative Phone No.

OFFICE-97421646

Vehicle Particulars

Manufacturer

MERCEDES-BENZ

Model

GLA 180

Exact Purpose for which vehicle was being used at

Are you claiming under your own insurance policy

If No. Please state action to be taken

for repair to your vehicle?

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

AXA INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

GA097830/1

Cover Note Number

Driver

Name of Driver

TAY KIM HUAT

NRIC No Date Of Birth S7724821H 14/09/1977

Occupation

INDOOR

Date Of Driving Pass

28/08/1998

Driving Experience

19 YEARS AND 3 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97421646

Fax Number

Contact Number

OFFICE-97421646

EMail Address

NOEMAIL

5 LORONG 106 CHANGI Address

426469 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

NO Was any body injured in the Accident?

YES Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

KAMPONG UBI NEIGHBOURHOOD POLICE POST Police Station Name

NO

YES

ROAD: BLK 9 EUNOS CRESCENT #01-2687, POSTCODE: 400009, Police Station Address

COUNTRY: SINGAPORE

TEL NO: 1800-7479999 - FAX NO: 67453410 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20171202/2098.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SKT4214M Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Name of Driver CHONG SUH HUI EILEEN

S7907460H NRIC/Passport Number Contact Number 98223461

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLF4072S

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE C

Name of Driver

TAN CHUN KHIEN DESMOND

NRIC/Passport Number

S7813408I

Contact Number

90098881

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SHD4496K

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE D

Name of Driver

NRIC/Passport Number

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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE E

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1

SKETCH PLAN

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 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
- 5. Any false reporting may be referred to the Police for investigation.
- 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)

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:
 - (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.

CPolicyholder's Signature

OMIMIA

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

	AND AND MARK THE RESIDENCE OF THE PARTY OF T		A. SLB 3660Y
		-	
primari 464			B: SKTH21HN
Supplier Co.		A Special Control of the Control of	C: SLF 4073
> MCE_			D: SHD HHAG
2	ALDE	-	D: SHD HHOGE
	MANAMA		
gett dem in hat myttemennenhet der kritikelige delle in i die folgen gelen i die heller der versielle de			
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT		
ON 01/12/2017 @ 1753HRS,	I WAS DRIVING ALONG MCE	ON EXTREM	ME RIGHT LANE TOWARDS KPE.
			NLY A CAR SKT4214M HIT ME FROM
MY REAR AND THE IMPACT	PUSHED ME FORWARD TO	HIT THE REA	AR OF CAR SLF4072S. AFTER THE
ACCIDENT, WE ALIGHTED	FROM OUR VEHICLE THEN F	REALISED TO	TAL 5 VEHICLE INVOLVED IN AN
ACCIDENT TOGETHER.			
THE AMBULANCE CAME B	UT NOBODY CONVEYED TO	THE HOSPITA	AL . I WILL CONSULT A DOCTOR
LATER CAUSE I AM NOT FE	EELING WELL AFTER THE IM	PACT.	
			A
DECLARATION			
/We declare the foregoing particu	lars are true in every respect.		
1/2/	h.	_	
	// 7/		Panarting Contro Barcannal's Signature
rolicyholder's Signature Date & Time: OZ (ソ) (テ	Driver's Signature (If driver is not the policyholder		Reporting Centre Personnel's Signature Name:
CULLIT	Date & Time: ON(N)		NRIC/FIN No.:
(000 cm	10000		

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

	The state of the s
	, the owner of vehicle no. 3LB 36604
claim to M/s AXA Insurance Singapore Pte I 14(fourteen) days of occurrence or dis	nce Singapore Pte Ltd, I/we shall decide whether Phird Party and if the former shall submit such a Ltd with all relevant facts and documents within covery of damage.
My/Our Third Party claim is handle by my/our	preferied workshop, 简语星摩哆工廠 KAN FOOK SING MOTOR WORKSHOP 61 DEFU LANE 12 SINGAPORE 539147 TEL: 67479560, 68582126, 68584361 FAX: 67481006, 62818428
Signed and Acknowledge by: Signed and Acknowledge by:	Company Stamp Date
Nic no and eignature of policyholder	

Sketch Plan #4 Pg. 1





Date of Expiry:

T/20171202/2098

1 of 4

Report No. T/20171202/2098

Police Station Of Origin: Kamporig Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

Chinese

Occupation:

PLANNER

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 02/12/2017 16:01 Informant's Particulars Name of Informant: 5 LORONG 106 CHANGI SINGAPORE 426469 TAY KIM HUAT Contact No.: ID Type / ID No. Mobile: 97421646 Home/Office: NRIC NO / S7724821H Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Age: Sex: 14/09/1977 Driver Male 40 Institution / School Name: Language: Race:

Driving Licence Information:

Class:

General Information of the Accident Type of Location: Date/Time of Drink Injury Type of Straight Road Accident: Drive: Others Accident: 01/12/2017 17:50 No Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY Along MCE towards KPE Road Speed Limit: Road Surface: Weather: Dry Clear Traffic Volume: Traffic Control: Traffic Flow: Heavy Not Controlled Dual Carriage Way Anyone conveyed by Type of Collision: ambulance: Between Moving Vehicles - Head To Rear No

Details of Volume No.		Make	Model	Color	Condition	No of Passenger
SHD4496K	Car				Slightly Damaged	0
SKT4214M	Car				Slightly Damaged	0
SLB3660Y	Car	MERCEDES BENZ	GLA180 AUTO	Black	Slightly Damaged	1
SLF4072S	Car	ULIVE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Slightly Damaged	0

Sketch Plan #5 Pg. 1





2014

Report No. T/20171202/2098

Police Station Of Origin:

Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.		And the second second second second second second	05/04/2017	04/04/2018
SLB3660Y	AXA INSURANCE SINGAPORE PTE	GA097830	05/04/2017	04/04/2010
	LTD			

CONTINUATION OF REPORT

Details of Person					and the second of the second o	
Any Pedestrian Involved: No			B.I.A.			
No. of Pedestrians Injured: NIL Use			Jse of Pedestrian Crossing: NA			
Driver					0=00740011	
Name	EILEEN CHONG		ID No.		S7907460H	
Related Vehicle	SKT4214M (Car)		Contac	t No.	98223461	
Hospital/Clinic	NIL.		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
D. J. T. s. dominat	NIL	Date Dis	scharge NIL		And the second s	
Date Treatment		of Injury NIL				
	ted Medical Leave NIL					
Driver	TANK COMMINIST	ID No.	<u> </u>	S7724821H		
Name	TAY KIM HUAT	ID NO.		Ser toke 1866 U.S.		
Related Vehicle	SLB3660Y (Car)		Contac	et No.	97421646	
Hospital/Clinic	TIONG BAHRU MEDICAL CENTRE		Class Driving Licenc Expiry	e &	Class: NIL Date of Expiry: NIL	
D. J. T. Jane	00/42/2047 Date [ischarge	02/12	2/2017	
Date Treatment	V2: 12:16:011		e of Injury Slight			
	ted Medical Leave 07	Degree	01 1111013			
Passenger		in the continue of	ID No.		S7737710G	
Name	GOH THIAM HONG		ID PIO.		011011100	
Related Vehicle	SLB3660Y (Car)		Conta	ct No.	97941357	
Hospital/Clinic	TIONG BAHRU MEDICAL CENTRE		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	02/12/2017 Date I		scharge 02/1:		2/2017	
Date Healinell	ted Medical Leave 07	ee of Injury Slight				

Sketch Plan #6 Pg. 1





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Report No. T/20171202/2098

Tel No: 1800-7479999

Driver						070404001
Name	DESMOND TAN		ID No		\$78134081	
Related Vehicle	SLF4072S (Car)			Conta	ct No.	90098881
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
	ted Medical Leave	NIL	Degree o	of Injury	NIL	and the same of th

CONTINUATION OF REPORT

Brief Details.

On 1/12/2017 at about 5.53pm, I was driving in my car SLB3660Y with my friend Goh Thiam Hong along the extreme right lane of MCE travelling towards KPE. Suddenly, a car SLF4072S in front of me brake and I tried to stop my car as well. While I was slowing down my car, I felt an impact from the rear which pushed me forward and I hit onto the rear of the said car. After my car had come to a stop, we quickly alighted and discovered that there is a total of 5 cars involved in the accident. The car that hit me on the rear was SKT4214M. The ambulance were at scene but no one was conveyed to the hospital.

After the incident I went to consult a doctor at Tiong Bahru Medical Centre as I felt pain on my left upper back and right lower back above the tail bone. While my friend felt pain on his right upper back and left lower back above the tail bone. We both gotten 7 days of MC from Dr Richard Toh.

As a result, my rear bumper was dropping off and was badly damaged, the right front part and headlight of my car was badly damaged and dented inwards. My car bonnet is popping out and rear boot cover was damaged as well.

Accident Sketch Plan Pg. 1





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009 Tel No: 1800-7479999

4 of 4 Report No. T/20171202/2098

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTAN'T: 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.

0:	90.00
Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 NG KA WAI	3
Signature Of Interpreter:	- marks a series as the face of the series are series as the series as t
Not applicable	Date/Time:
. vet approable	02/12/2017 16:01
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	olossinication of case:
SSI KASMAWATI BTE SAMIAN	
Contact No.: 65476179	
Authentication Stamp	The state of the s
NP168	and a departure to
100	
	a q

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type	Singapore NRIC
Owner ID	4821H
Vehicle Details	
Vehicle No.	SLB3660Y
Vehicle to be Exported	No
Intended De-registration Date	06 Dec 2017
Vehicle Make	MERCEDES BENZ
Vehicle Model	GLA180 AUTO
Primary Colour	Black
Manufacturing Year	2015
Engine No.	27091030774756
Chassis No.	WDC1569422J175009
Maximum Power Output	90.0 kW (120 bhp)
Open Market Value	\$28,838.00
Original Registration Date	05 Apr 2016
First Registration Date	05 Apr 2016
Transfer Count	0
Actual ARF Paid	\$32,374.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	04 Apr 2026
PARF Rebate Amount	\$24,280.00
ntended COE Rebate Details	
COE Expiry Date	04 Apr 2026
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	10
QP Paid	\$45,002.00
COE Rebate Amount	\$37,479.00
otal Rebate Amount	\$61,759.00

The information contained herein is correct as at 06 Dec 2017

ОК