

MSME17159419 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 04/12/2017 12:04

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	04/12/2017 12:04
Date Of Accident	02/12/2017 23:30
Exact Location Of Accident	BLK 288 YISHUN AVE 6 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6703K
Insured/Policyholder	
Name Of Registered Owner	JING HENG SERVICES
Co Reg No	53354343J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90188999

Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUS
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087541450
Cover Note Number	

Driver

Name of Driver	TAN WEI YING
NRIC No	S8719156G
Date Of Birth	27/06/1987
Occupation	INDOOR
Date Of Driving Pass	20/10/2015
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 288 YISHUN AVE 6 #06-42
 Postcode 760288
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? NO
 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) 0

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20171203/2004.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: -
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN2731R
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 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 PLANIMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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.

JING HENG
SERVICES

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 #2 Pg. 1

SKETCH PLAN

Box 288 Fishermans Ave 6
Cape Cod



A - 907 67026
B - 902031R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As police request.

DECLARATION

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

JING HENG
SERVICES

Policyholder's Signature _____
Date & Time: _____

Weyr

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

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

LEE BROTHERS

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171203/2004

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20171203/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2017 00:41	Vide Report No.:	Station Diary No.: 6
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Informant's Particulars

Name of Informant: TAN WEI YING			Address: APT BLK 288 YISHUN AVENUE 6 #06-42 SINGAPORE 760288		
ID Type / ID No.: NRIC NO / S8719156G			Contact No.: Home/Office: Mobile: 90188999		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 27/06/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DHL DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/12/2017 23:30	Type of Location: Car Park
Location: Along Road 1 YISHUN AVENUE 6				
At the car park of Blk 288 Yishun Avenue 6, car park lot number 207.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF6703K	Van	TOYOTA	REGIUS ACE SUPER GL DARK PRIME 3.0 AUTO	White	Seriously Damaged	0

Sketch Plan #4 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20171203/2004

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20171203/2004

CONTINUATION OF REPORT

Brief Details.

On 02/12/2017 at about 2330hrs, my neighbor residing at Blk 288 Yishun Avenue 6 #09-(unsure of unit number) hear a loud bang at the car park and went down to see what happened. He saw that my van (vehicle registration no: GBF6703K) has been damaged and came to my unit to knock on my door and inform me.

I immediately went down to make a check and to check my in-vehicle camera. From the in-vehicle camera I saw that a lorry reversed, knocked into my van and subsequently drove off. I am unable to see the lorry's vehicle registration plate as the screen was too small.

Due to the knock, my van's bonnet came out and my right headlight dropped out.

I have an in-vehicle camera which managed to capture the incident and I am able to provide the recording.

Sketch Plan #5 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20171203/2004

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20171203/2004

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: F / Sgt 2 TAN PRE SINDY <i>Sindy</i>	Signature Of Informant: <i>Weyn</i>
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2017 00:41
Officer In Charge Of Case: TP / HRT / SI TAN LEE HWANG DAWN Contact No.: 65476215	Classification Of Case: SN 005 <i>Sindy</i>

Authentication Stamp
NP168

Singapore Police Force

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Business
Owner ID	4343J
Vehicle Details	
Vehicle No.	GBF6703K
Vehicle to be Exported	No
Intended De-registration Date	12 Dec 2017
Vehicle Make	TOYOTA
Vehicle Model	REGIUS ACE SUPER GL DARK PRIME 3.0 AUTO
Primary Colour	White
Manufacturing Year	2016
Engine No.	1KD2607643
Chassis No.	KDH2010194886
Maximum Power Output	-
Open Market Value	\$40,999.00
Original Registration Date	19 Jan 2017
First Registration Date	19 Jan 2017
Transfer Count	0
Actual ARF Paid	\$2,050.00
Intended PARF Rebate Details	
PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	\$0.00
Intended COE Rebate Details	
COE Expiry Date	18 Jan 2027
COE Category	C - Goods Vehicle & Bus
COE Period(Years)	10
PQP Paid	\$31,539.00
COE Rebate Amount	\$28,698.00
Total Rebate Amount	\$28,698.00

The information contained herein is correct as at 12 Dec 2017

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