

MSME17169679 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 27/12/2017 09:32
SUBMITTED BY: Pei Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 27/12/2017 09:36

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 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	27/12/2017 09:32
Date Of Accident	24/12/2017 16:25
Exact Location Of Accident	BLK 243 TAMPINES ST 21 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG3288Y
Insured/Policyholder	
Name Of Registered Owner	TAN YOON LIAN
NRIC No	S1411866G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90926088
Alternative Phone No	OFFICE-90926088

Vehicle Particulars

Manufacturer	HONDA
Model	MOBILIO

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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0006165
Cover Note Number	

Driver

Name of Driver	TAN YOON LIAN
NRIC No	S1411866G
Date Of Birth	01/01/1961
Occupation	INDOOR
Date Of Driving Pass	07/01/1980
Driving Experience	37 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90926088
Fax Number	
Contact Number	OFFICE-90926088
Email Address	NOEMAIL

Address BLK 8 RIGEWOOD CLOSE #10-14
 Postcode 276698
 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
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? 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 TAMPINES EAST NPP
 Police Station Address ROAD: 263 TAMPINES STREET 21 #01-138 , POSTCODE: 520263 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-7839999 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20171225/2074.

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 SJP8040D
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 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.



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.:

GIA/PAW Sketch Plan Form 1/02

NEW HOCK TECK

Sketch Plan #2 Pg. 1

SKETCH PLAN

A: 99652887
 B: 5780400
 W: 10/11/11
 BIK 243, TAMMIES ST
 (MAY 2011)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached police report.

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

eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : Tan Yoon Han
 Policy No : M0006165
 Vehicle No : SG632884
 Place of Accident : BK 243, Tampines St 21 Carpark

Insured Driver's relationship with Insured : _____

Drink Driving of Insured and/or Insured Driver : _____

No of passenger(s) in Insured vehicle : NIL

Injury to Insured and/or Insured driver, please indicate which hospital:

Third Party Vehicle No (if any) : SJP80400

No of passenger(s) in Third Party Vehicle : UNKNOWN

Injury to Third Party driver and/or passenger(s), please indicate which hospital:

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) / Date
 I, affirmed the above information is given to
 my best knowledge

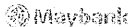
Attended by (Name & Signature) / Date

Workshop Name: _____

eTiqa Insurance Pte Ltd
 One Raffles Quay
 #22-01 North Tower
 Singapore 048583

T +65 63360477
 F +65 63392109

www.etiqa.com.sg
 Company Reg. No. 201330048R

A Member of  Maybank Group

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171225/2074

1 of 3

Report No. T/20171225/2074

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2017 19:37	Vide Report No.:	Station Diary No.: 22
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TAN YOON LIAN			Address: BLK 8 RIDGEWOOD CLOSE #10-14 SINGAPORE 276698		
ID Type / ID No.: NRIC NO / S1411866G			Contact No.: Home/Office: Mobile: 90926088		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 56	Date of Birth: 01/01/1961	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: AVP MARGIN FINANCING			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/12/2017 16:25	Type of Location: Car Park
Location: Along Road 1 TAMPINES STREET 21 Blk 243 Tampines Street 21 Carpark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SGG3288Y	Car					0
SJP8040D	Car					0

Details of Person Involved

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

Sketch Plan #5 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171225/2074

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

2 of 3

Report No. T/20171225/2074

CONTINUATION OF REPORT

Vehicle Owner			
Name	TAN YOON LIAN		ID No. S1411866G
Related Vehicle	NIL		Contact No. 90926088
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 25/12/2017 at around 1000hrs, I went to the carpark to retrieve my vehicle when I discovered a note on my windscreen from a witness who claimed that my vehicle was being hit on the 24.12.2017 at 1625hrs. I then called the contact number given and was informed to check on my vehicle for damages as he witnessed my vehicle being hit on the stated date and time above. I discovered scratches on the front left bumper in which there were red paint on it. I also have a video footage of the vehicle involved sent by the witness. The vehicle involved plate number is SJP8040D Red Mazda.

Sketch Plan #6 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20171225/2074

3 of 3

Report No. T/20171225/2074

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

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:

G /

Sgt 2 IBRAHIM BIN CHEMAD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/12/2017 19:37

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Classification Of Case:

Authentication Stamp

NP168

**SINGAPORE
POLICE FORCE**

SIGNATURE