

MSME18005500 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 11/01/2018 15:50  
SUBMITTED BY: Chia Pei Ying

## 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             | 11/01/2018 15:50                |
| Date Of Accident           | 10/01/2018 19:15                |
| Exact Location Of Accident | SLE TWDS BKE AFTER THOMSON EXIT |
| Country/State of Loss      | SINGAPORE                       |

**DETAILS OF OWN VEHICLE**

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGD5246X             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ONG HEE LOON         |
| NRIC No                     | S0179703D            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96947399 |
| Alternative Phone No        | OFFICE-96947399      |

**Vehicle Particulars**

|              |        |
|--------------|--------|
| Manufacturer | TOYOTA |
| Model        | VIOS   |

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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5019181808-10                          |
| Cover Note Number         |  |

**Driver**

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | ONG HEE LOON          |
| NRIC No              | S0179703D             |
| Date Of Birth        | 16/03/1954            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 22/04/1975            |
| Driving Experience   | 42 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-96947399  |
| Fax Number           |                       |
| Contact Number       | OFFICE-96947399       |
| Email Address        | NOEMAIL               |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 899C WOODLANDS DRIVE 50 #07-300 |
| Postcode  | 732899                              |
| 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   | COLLISION - HEAD TO REAR |
| Weather Conditions | RAINING                  |
| Road Surface       | WET                      |

**Other Information**

|   |                       |
|---|-----------------------|
| Was any foreign vehicle involved in this accident?  | YES                   |
| Foreign Vehicle Registration Number   | WSD9540 (PRIVATE CAR) |
| 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)   | 1                     |

**Details of Police Action**

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | WOODLANDS EAST N.P.C  |
| Police Station Address                    | <b>ROAD:</b> 3 WOODLANDS DRIVE 63 , <b>POSTCODE:</b> 737890 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

**Circumstances of Accident**

REFER TO POLICE REPORT: T/20180110/2179.

**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 | SKB9766Z    |
| 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)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | WSD9540     |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               | VEHICLE C   |
| 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 PLAN****IMPORTANT NOTICE**

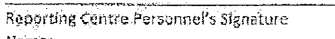
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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.:

### SKETCH PLAN

A: SG06296X  
B: SKB9766Z  
C: WSD9540

A  
B  
C

SITE Towards BKE After the Thunder EX-7

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Relay police report : T | 20180610 | 2179

### 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/20180110/2179

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

1 of 4

Report No. T/20180110/2179

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                           |
|--|------------------|---------------------------|
| Date/Time Report Made:<br>10/01/2018 21:10 | Vide Report No.: | Station Diary No.:<br>185 |
|--|------------------|---------------------------|

| Informant's Particulars   |            |   |                              |
|---|------------|---|------------------------------|
| Name of Informant:<br>ONG HEE LOON                              |            | Address:<br>APT BLK 899C WOODLANDS DRIVE 50 #07-300<br>SINGAPORE 732899 |                              |
| ID Type / ID No.:<br>NRIC NO / S0179703D                        |            | Contact No.:<br>Home/Office: Mobile: 96947399                           |                              |
| Nationality:<br>SINGAPORE CITIZEN                               |            | Email:  |                              |
| Sex:<br>Male  | Age:<br>63 | Date of Birth:<br>16/03/1954  | Type of Informant:<br>Driver |
| Race:<br>Chinese  |            | Language:   | Institution / School Name:   |
| Occupation:<br>Civil engineering/Building construction labourer |            | Driving Licence Information:<br>Class: 2B,2A,2,3,4,5 Date of Expiry:    |                              |

| General Information of the Accident  |                            |                                    |  |                                    |
|--|----------------------------|------------------------------------|--|------------------------------------|
| Type of Accident:  | Non-Injury Foreign Vehicle | Drink Drive:<br>No                 | Date/Time of Accident:<br>10/01/2018 19:15 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>SELETAR EXPRESSWAY<br><br>AFTER THE THOMPSON EXIT, LANE 1 |                            |                                    |  |                                    |
| Weather:<br>Raining  |                            | Road Surface:<br>Wet               | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>One Way   |                            | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                   |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear                           |                            |                                    | Anyone conveyed by ambulance:<br>No        |                                    |

| Details of Vehicle Involved |      |           |             |       |                   |                 |
|-----------------------------|------|-----------|-------------|-------|-------------------|-----------------|
| Vehicle No.                 | Type | Make      | Model       | Color | Condition         | No of Passenger |
| SGD5246X                    | Car  | TOYOTA    | VIOS 1.5E M | Red   | Slightly Damaged  | 0               |
| SKB9766Z                    | Car  | CHEVROLET |             | Grey  | Seriously Damaged | 1               |
| WSD9540                     | Car  | TOYOTA    |             | White | Seriously Damaged | 2               |

| Details of Vehicle Insurance |                   |              |           |             |
|------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No.                  | Insurance Company | Insurance No | Effective | Expiry Date |

## Sketch Plan #4 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180110/2179

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Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20180110/2179

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |  |               |            |             |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
| SGD5246X                     | NTUC Income Insurance Co-Operative Limited | 5019181808-10 | 20/02/2017 | 19/02/2018  |

| Details of Person Involved        |                      |  |  |   |
|-----------------------------------|----------------------|--|--|---|
| Any Pedestrian Involved: No       |                      |  |  |   |
| No. of Pedestrians Injured: NIL   |                      |  | Use of Pedestrian Crossing: NA         |   |
| Driver                            |                      |  |  |   |
| Name                              | ONG HEE LOON         |  | ID No.                                 | S0179703D                                   |
| Related Vehicle                   | SGD5246X (Car)       |  | Contact No.                            | 96947399                                    |
| Hospital/Clinic                   | NIL                  |  | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4,5<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                  |  | Date Discharge                         | NIL   |
| No. of Days granted Medical Leave | NIL                  |  | Degree of Injury                       | NIL   |
| Driver                            |                      |  |  |   |
| Name                              | MUHAMAD BIN AB SAMAD |  | ID No.                                 | S7209966D                                   |
| Related Vehicle                   | SKB9766Z (Car)       |  | Contact No.                            | 96253272                                    |
| Hospital/Clinic                   | NIL                  |  | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL          |
| Date Treatment                    | NIL                  |  | Date Discharge                         | NIL   |
| No. of Days granted Medical Leave | NIL                  |  | Degree of Injury                       | NIL   |
| Driver                            |                      |  |  |   |
| Name                              | CHONG TUCK SIONG     |  | ID No.                                 | 930328065627                                |
| Related Vehicle                   | WSD9540 (Car)        |  | Contact No.                            | 93963634                                    |
| Hospital/Clinic                   | NIL                  |  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL           |
| Date Treatment                    | NIL                  |  | Date Discharge                         | NIL   |
| No. of Days granted Medical Leave | NIL                  |  | Degree of Injury                       | NIL   |

Sketch Plan #5 Pg. 1



SINGAPORE  
POLICE FORCE



T/20180110/2179

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

3 of 4

Report: No. T/20180110/2179

CONTINUATION OF REPORT

**Brief Details.**

On the 10/01/2018 at about 1915hrs, I was travelling on SLE towards BKE on lane 1. After the Thompson Exit, I stopped as the traffic was heavy. Suddenly, I heard a brake screeching sound and 2 loud bang. I immediately come out of my vehicle and confronted the other 2 drivers. After taking the pictures of the damages, we drive to Woodlands East to make a report.



## Sketch Plan #6 Pg. 1

**SINGAPORE  
POLICE FORCE**

T/20180110/2179

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20180110/2179

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:

J /

CHUA CHONG WEI MELVIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/01/2018 21:10

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP 158

Signature

Singapore Police Force