

MSME18013130 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 26/01/2018 16:57
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 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 26/01/2018 16:57
Date Of Accident 25/01/2018 12:05
Exact Location Of Accident TOA PAYOH INDUSTRIAL PARK BESIDE BLK 8 TOA PAYOH I
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL1776U
Insured Policyholder
Name Of Registered Owner NEO KAH LEONG
NRIC No S1262312G
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-97898381
Alternative Phone No OFFICE-97898381

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model CLA200

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 AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 2100353004-04
Cover Note Number

Driver

Name of Driver NEO EN WEI
NRIC No S9229785C
Date Of Birth 18/08/1992
Occupation INDOOR
Date Of Driving Pass 04/01/2017
Driving Experience 1 YEAR AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-82014595
Fax Number
Contact Number
Email Address ENWEI1992@HOTMAIL.COM

Address BLK 191 LORONG 4 TOA PAYOH #05-652
 Postcode 310191
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name KIM KEAT NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 231 LORONG 8 TOA PAYOH , POSTCODE: 310231 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2529999 - FAX NO: 63554311
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20180125/2094.

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 GX4348L
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

26/01 2018 FRI 17:14 FAX

0003/008

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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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.:

GRANITE SketchPlanForm_V3

1

PREMIUM RATE

Sketch Plan #2 Pg. 1

SKETCH PLAN

Vehicle: A: SKL1776U
B: G14348L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report attached no.: T/20180129/2094

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/ID No.:

26/1/18
1608hrs

GIARMC SketchPlanForm_V4

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180125/2094

1 of 3

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

Report No. T/20180125/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2018 14:16		Vide Report No.:		Station Diary No.: 14	
Name of Informant: NEO EN WEI			Address: APT BLK 191 LORONG 4 TOA PAYOH #05-652 SINGAPORE 310191		
ID Type / ID No.: NRIC NO / S9229785C			Contact No.: Home/Office: Mobile: 82014595		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 18/08/1992	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT EXECUTIVE			Driving Licence Information: Class: 3		Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/01/2018 12:05	Type of Location: Straight Road
Location: Along Road 1 TOA PAYOH INDUSTRIAL PARK Beside Blk 8 Toa Payoh Industrial Park, along double yellow				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

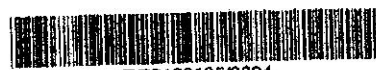
Vehicle No.	Vehicle Type	Make	Model	Color	Damage	Count
GX4348L	Van	NISSAN				0
SKL1776U	Car	MERCEDES BENZ	CLA200	White	Slightly Damaged	0

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

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180125/2094

2 of 3

Report No. T/20180125/2094

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

CONTINUATION OF REPORT

Name	NEO EN WEI	ID No.	S9229785C
Related Vehicle	SKL1776U (Car)	Contact No.	82014595
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

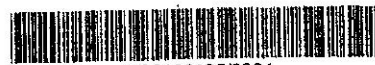
On the 25th January 2018 at about 1310hrs when I returned back to my vehicle, I discovered that there are damages on the right side of my rear bumper. I do not know who had hit onto it as there were no notes that were left by anyone regarding any accident. However, after I played back the in-vehicle CCTV footage, there was a Nissan van (Registration plate: GX4348L) that had a company decals of "Transcool Aircon & Refrigeration" had hit onto the vehicle and stopped. The footage also revealed a Chinese uncle, looking at the direction of the damaged spot of my right side rear bumper before driving off from the accident location.

The uncle was wearing a red or maroon checkered shirt and was wearing a sunglass. This is the first time I ever saw this uncle and I do not know him. I am lodging this traffic accident report as this is a case of hit and run accident.

Sketch Plan #5 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180125/2094

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Report No. T/20180125/2094

Police Station Of Origin:

Kim Keat NPP

231 Lorong 8 Toa Payoh #01-186

SINGAPORE 310231

Tel No: 1800-2529999

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 /
Staff Sgt MUHAMMAD ARIF BIN MOHAMAD

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

T/20180125/2094
SINGAPORE
S/OFFICER GUAN
Contact No.: 65476177

SN 064

Authentication Stamp

UP188

SIGNATURE

Signature Of Informant:

Date/Time:
25/01/2018 14:16

Classification Of Case: