MSR118018550 / SMRT Automotive Services Pte Ltd - Woodlands ENTRY DATE & TIME: 06/02/2018 15:59 SUBMITTED BY Susan Tan Soh Chern (Chen Shuzhon)

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 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

	ACCIDENT STATEMENT
Date Of Report	06/02/2018 15:59
Date Of Accident	05/02/2018 13:50
Exact Location Of Accident	ALONG YIO CHU KANG RD TOWARDS ANG MO KIO AVE 6
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ772Z

Insured/Policyholder

Name Of Registered Owner **JPRESTIGE** Co Reg No 53363602K Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-88888888

Vehicle Particulars

Manufacturer HYUNDAI

Model AE IONIQ HEV DCT-1.6 (A)

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5092150925

Cover Note Number

Driver

Name of Driver CHOO MIN RUI, JEFFREY

NRIC No S9121080J Date Of Birth 14/06/1991 Occupation **INDOOR** Date Of Driving Pass 01/04/2011

Driving Experience 6 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90171509

Fax Number

Contact Number

EMail Address GUAIJEFF@GMAIL.COM Address

BLK 446A JALAN KAYU

#13-314

Postcode

791446

OTHER - HIRER

Was driver an employee of the Insured's Company NO

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

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?

YES

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

ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4849999 - FAX NO: 62181399

Was notice of intended Prosecution given?

NO

If Yes against whom?

Circumstances of Accident

PLEASE REFER TO TP REPORT T/20180206/2065

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

PLEASE GET FROM WRKSHOP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLM8414B

Vehicle Make/Model/Colour

Details Of Properties

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 INJURED PERSON 1 Name CHOO MIN RUI JEFFREY Approximate Age Injuries Sustain Injured person in which vehicle? SLQ772Z Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

SKETCH PLAN

MPORTANT NOTICE

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JPRESTIGE REG NO: 533636021

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Found ng Den ^ಸರ್ಕಾರಗಗಳ ಚಿತ್ರವಿಗೆ ವಿಸಂಭ Name:

RECENS No

	Cactus Road Range
	A
	- 910 Chie Kong Road
	\$53363600V
	DESCRIBE GROUMSTANCES OF THE ACCIDENT
	Refer to TP Report
JPR REG NO:	STIGE Report No T/20180206/2065
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	DECLARATION
	JPRESTIGE COOK COOK COOK
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Police Station Of Origin Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999

1 or 4 Report No. 7/20180206/2065

REPORT OF Date/Time			Tradical Control	the state of the s
06/02/2018 12:16			Vide Report No.	Station Diary No.: 68
Informant	's Particu	lars		
Name of Ir CHOO MI! ID Type / I NRIC NO / Nationality SINGAPO	N RUI, JE D No.: / S912108 : RE CITIZE	30J	Address: APT BLK 446A JALAN KAYU Contact No Home/Office: Entail:	#13-314 SINGAPORE 791446 Mobile: 90171509
Sex: Male	Age: 26	Date of Birth: 14/06/1991	Type of Informant:	
Race: Chinese			Language:	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class.	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident:	Type of Location: Straight Road
Location: Along Road 1 YIO CHU KAN ANG MO KIO			1.05/02/2018 13 50	
Weather. Clear	A CONTRACTOR OF THE SECOND SEC	Road Surface: Dry	· MA TATE ON THE STREET, I SEE NO THE STREET	Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collisi Between Movi	on: ng Vehicles - Head 	l To Side	77.7	Anyone conveyed by ambulance: No

/ehicle No.	ј Туре	Make	Model	Color	Condition	131 60
SLM8414B	Cac			00/01	Condition	No of Passenge
2010104140	i Gai	i			Slightly	1
SLQ772Z	Car		بالمستدامة		Damaged	1
120112	Cai	i	1		Slightly	

Details of Person Involved	An employed have been subjected to the section of t
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
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T:20180206/2055

Police Station Of Origin: Ang Mo Kio North M.P.C 51 Ang Mo Kio Avanue 9 SINGAPORE 569784

2 of 4 Raport No. 7.20,86233/2006

Tel No: 1800-4649999

CONTINUATION OF REPORT

Name	Ho Znong Ming Tirnatius		
	i no anong wang renosus	ID No.	S9335207F
Related Vehicle	SLM8414B (Car)	· · · · · · · · · ·	
risidiod ecinole	i criside 140 (CSI.)	Contact No.	NIL
lospital/Clinic	i NiL		
		Class of	Class: NIL
		Oriving	Date of Expiry: NIL
		Licence &	
Data Tarata		Explry Date	
Date Treatment		ete Discharge NIL	
	ted Medical Leave NIL De	gree of Injury NIL	
Driver			· · · · · · · · · · · · · · · · · · ·
Name	CHOO MIN RUI, JEFFREY	ID No.	004040004
	1	10 100.	S9121080J
Related Vehicle	SLQ772Z (Car)		
	(221)	Contact No.	90171509
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of	01
	- TOOL HAL	1	Class: NIL
		Driving	Date of Expiry: NIL
		1	
		Licence &	
Jaio Tronton	LIA.	Expiry Date	
Date Treatment	NiL De ed Medical Leave 03 ; Os		

Brief Details.

On 05/02/2018 at about 1350 hours, I was driving my car(SLQ772Z) along Yio Chu Kang Road towards Ang Mo Kio Avenue 6.

As I was approaching near cactus road, a silver Toyota Prius(SLM8414B) that was from the minor road(cactus road) on the left drove out of the road without checking for cars. As the car was coming out I tried to avoid the car and horn to warn him but I could not breke in time. The car's front right bumper collided on to the left side body of my car.

I went out of the car and approached the driver, Ho Zhong Ming Timotius, IC: \$9335207F, HP:81380529. He immediately admitted his fault and asked me to follow to his workshop to discuss about the matter. But lodging a police report.

No pedestrian was involved and no one was conveyed by ambulance. There was also no damage to government property. I then went to Khoo Teck Phuat hospital to see the doctor as I felt uncomfortable in my head, neck, chest and stomach. I got 3 days of medical leave and will follow up with another check up after the 3 days incase of anything.

Due to the accident my car's teft side body is badly damaged. The other car's front right bumper is damaged too.

I wish to state that I have an in car camera which recorded the whole accident.



Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999

Report No. T/20180205/2065

3 of 4

CONTINUATION OF REPORT

I am lodging this for my own record and action.





Police Station Of Origin: Ang Mc Kio North N.P.C 51 Ang Mc Kio Avanue 9 SINGAPORE 569784 Tel No: 1800-4849999

4 of 4 Report No. T/20180206/2068

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 SHOBAN KUMAR S/O SELVARAJAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2018 12:16
Officer in Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp	With the second