

MSME18019401 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 08/02/2018 10:39
 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	08/02/2018 10:39
Date Of Accident	07/02/2018 08:25
Exact Location Of Accident	YIO CHU KANG RD & HOUGANG AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH6571T
Insured/Policyholder	
Name Of Registered Owner	AHMAD LUTHFI BIN ZAINUDDIN
NRIC No	S8408322D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91781992
Alternative Phone No	OFFICE-91781992

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER

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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090514243
Cover Note Number	

Driver

Name of Driver	AHMAD LUTHFI BIN ZAINUDDIN
NRIC No	S8408322D
Date Of Birth	27/03/1984
Occupation	INDOOR
Date Of Driving Pass	21/04/2006
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91781992
Fax Number	
Contact Number	OFFICE-91781992
EMail Address	NOEMAIL

Address	BLK 894A TAMPINES ST 81 #02-892
Postcode	521894
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	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	KALLANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 105 TOWNER ROAD #01-400 , POSTCODE: 321105 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2996999 - FAX NO: 63912397
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20180207/2070.

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	SLV7557S
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	ELLICE FAN AI LI
NRIC/Passport Number	
Contact Number	97770807
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	AHMAD LUTHFI BIN ZAINUDDIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJH6571T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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:

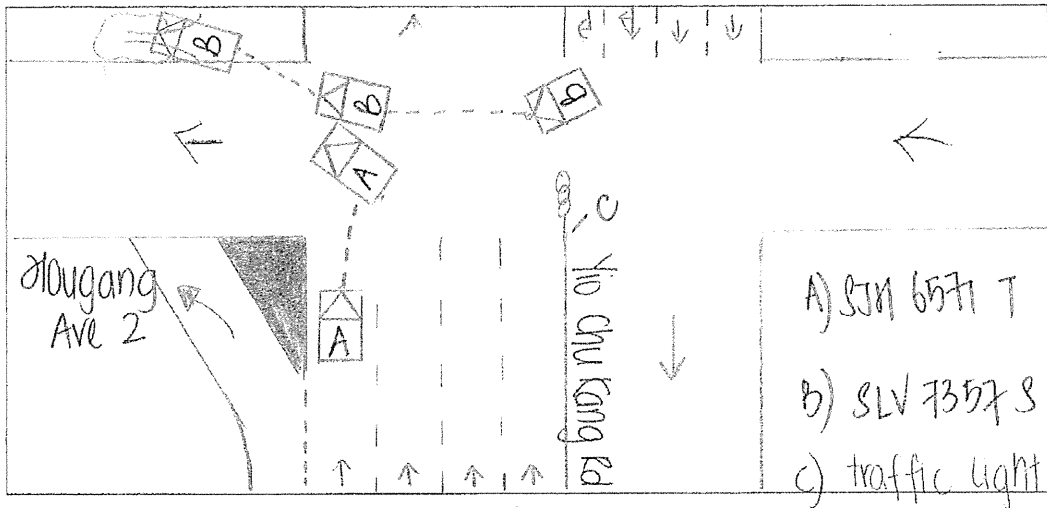
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CLAVE SketchPlanForm.pdf

NEW HOCK TEE

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Yio Chu Kang Rd Towards Serangoon. Traffic light was green in my favour for me to travel straight. Suddenly vehicle B from the opposite direction make a right turn into Jongang Ave 2 without the green arrow. I immediately applied my brake to avoid vehicle B however the collision still could not be avoided.

I wish to state that driver of vehicle B do tell me that when she make the right turn, traffic light was green for both direction but without the green arrow.

I do suffered injury in this accident and I was conveyed to Tan Tock Seng Hospital by ambulance.

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/20180207/2070

Police Station Of Origin:
Kallang NPP
105 Towner Road #01-400 SINGAPORE
321105
Tel No: 1800-2996999

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Report No. T/20180207/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2018 12:55		Vide Report No.:		Station Diary No.: 10
Informant's Particulars				
Name of Informant: AHMAD LUTHFI BIN ZAINUDDIN		Address: APT BLK 894A TAMPINES STREET 81 #02-892 SINGAPORE 521894		
ID Type / ID No.: NRIC NO / S8408322D		Contact No.: Home/Office: Mobile: 91781992		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 33	Date of Birth: 27/03/1984	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: CIVIL SERVANT		Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/02/2018 08:10	Type of Location: X-Junction
Location: Along Road 1 YIO CHU KANG ROAD Beside Bowen Secondary School				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH6571T	Car	MITSUBISHI	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR	Black	Seriously Damaged	0
SLV7357S	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Black	Slightly Damaged	0

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180207/2070

Police Station Of Origin:
Kallang NPP
105 Towner Road #01-400 SINGAPORE
321105
Tel No: 1800-2996999

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Report No. T/20180207/2070

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH6571T	NTUC Income Insurance Co-Operative Limited	5090514243	20/04/2017	17/02/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	AHMAD LUTHFI BIN ZAINUDDIN		ID No.	S8408322D
Related Vehicle	SJH6571T (Car)		Contact No.	91781992
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/02/2018		Date Discharge	07/02/2018
No. of Days granted Medical Leave		05	Degree of Injury	Slight
Name	ELLICE FAN AL LI		ID No.	S9023899Z
Related Vehicle	NIL		Contact No.	97770807
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 07/02/2018 at around 0810hrs, I was travelling along Yio Chu Kang Road via my vehicle bearing license plate no. SJH6571T. I was on the left most lane at the Traffic Light, 4th lane. I was going straight towards Serangoon Road. The traffic light was green in my favour and I travelled straight. Suddenly there was a vehicle bearing license plate no. SLV7357S from the opposite direction turning right into Hougang Avenue 2 without the green arrow. I immediately applied my brake to avoid the vehicle. However, the collision still could not be avoided. My vehicle hit on to the left side of the vehicle. The impact caused her to mount the curb on the right. The front of my vehicle was severely damaged. Traffic Police and Ambulance arrived shortly. I was conveyed to Tan Tock Seng Hospital. I suffered from neck sprain and chest contusion. I was given 5 days outpatient sick leave.

I wish to state that the driver of the vehicle told me that when she made the right turn, the traffic light was green for both direction but without the green arrow.

As such, I am informing the Police about this matter. That is all.

Sketch Plan #5 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180207/2070

Police Station Of Origin:
Kallang NPP
105 Towner Road #01-400 SINGAPORE
321105
Tel No: 1800-2996999

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Report No. T/20180207/2070

CONTINUATION OF REPORT

Sketch Plan #6 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20180207/2070

Police Station Of Origin:
Kallang NPP
105 Towner Road #01-400 SINGAPORE
321105
Tel No: 1800-2996999

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Report No. T/20180207/2070

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:

A /
Sgt 2 GLENN CHEAH YONG QUAN

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

07/02/2018 12:55

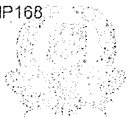
Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt YUS MASTARI I KHAZALI
Contact No.: 65476214

Classification Of Case:

Authentication Stamp

NP168



Signature:

Singapore Police Force