

MSME18019219 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 07/02/2018 16:54
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	07/02/2018 16:54
Date Of Accident	06/02/2018 17:25
Exact Location Of Accident	KEPPEL RD NEAR (RAIL WAY STATION)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2092B
Insured/Policyholder	
Name Of Registered Owner	MKLINE
Co Reg No	53356789X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	5090512098
Cover Note Number	
Driver	
Name of Driver	ONG CHEE BOON
NRIC No	S7829880D
Date Of Birth	07/10/1978
Occupation	INDOOR
Date Of Driving Pass	01/10/1999
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96872944
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 649 PASIR RIS DRIVE 10 #06-80
 Postcode 510649
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER --
 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 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) 2
 Passenger 1
 NAME: : JUNA ATWOOD
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name EUNOS NPP
 Police Station Address ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

MY VEHICLE WAS STATIONARY AT LANE 3 OF KEPPEL ROAD ON 06/02/2018 AT 1725HRS. SUDDENLY, I FELT AN IMPACT AND HEARD A BANG SOUND FROM MY REAR. VEHICLE B HAD COLLIDED ONTO REAR PORTION OF MY VEHICLE. PLS REFER TO POLICE REPORT.

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 Witness 1

Name JUNA ATWOOD
 Phone Number 81827700
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKZ5005L
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B

Vehicle Category	PRIVATE CAR
Name of Driver	NG KIAN AUN PATRICK
NRIC/Passport Number	S7530479Z
Contact Number	98347898
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ONG CHEE BOON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLJ2092B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

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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.



[Signature]

Policyholder's Signature
Date & Time:

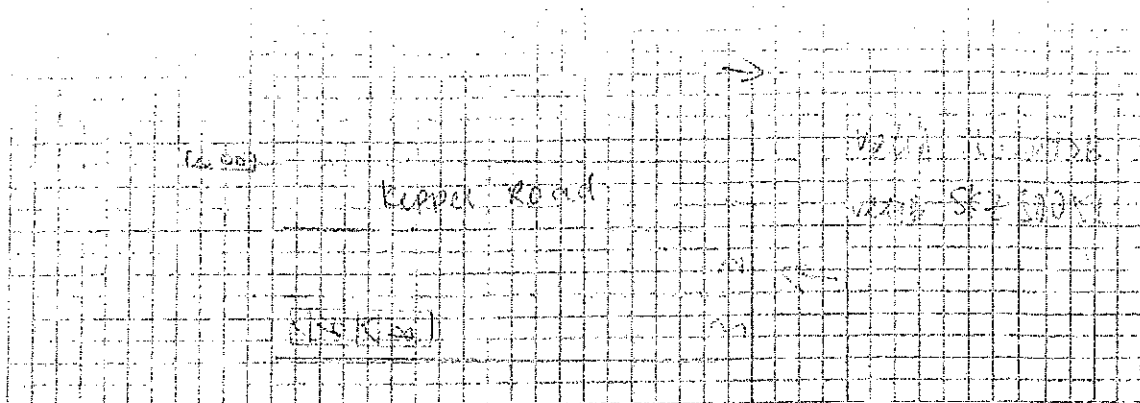
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Hana Mene

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary ^{my vehicle} along lane 3 of Keppel Road
 on 06.02.2018 @ 17:55hrs. Suddenly, I felt an
 impact and heard a bang sound from my
 rear. Vehicle B was collided onto rear portion
 of my vehicle.
 Please refer police report: 7/20180207/2071



DECLARATION

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/20180207/2071

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20180207/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2018 13:00	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: ONG CHEE BOON			Address: APT BLK 649 PASIR RIS DRIVE 10 #06-80 SINGAPORE 510649		
ID Type / ID No.: NRIC NO / S7829880D			Contact No.: Home/Office: Mobile: 96872944		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 07/10/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/02/2018 17:25	Type of Location: Straight Road
Location: Along Road 1 KEPPEL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKZ5005L	Car	MERCEDES BENZ	GLS350 D 4MATIC AMG LINE (R21 LED SR)		Slightly Damaged	0
SLJ2092B	Car	HONDA	STREAM 1.8L A		Slightly Damaged	1

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180207/2071

2 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180207/2071

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG KIAN ANN PATRICK	ID No.	S7530479Z
Related Vehicle	SKZ5005L (Car)	Contact No.	98347898
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
Driver			
Name	ONG CHEE BOON	ID No.	S7829880D
Related Vehicle	SLJ2092B (Car)	Contact No.	96872944
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/02/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 06/02/2018 at about 1725hrs, I was driving along Keppel Road when I was stationary at the traffic light on the third lane. While stationary waiting for the traffic light, I felt a huge impact from my rear. I then got out of my vehicle and made a check on the vehicle and I saw a vehicle (SKZ5005L) has collided onto the rear of my vehicle. I then made a check with the passenger in my vehicle at that time of the accident (Julia Atwood, 81827700) and she informed that her neck might have been injured as she felt pain at the back of her neck. She then informed that she will go and see her own doctor. I then saw the rear of my vehicle badly damaged and the rear windscreen was broken. I then spoke to the driver of the other vehicle and told him that my insurance company will contact him and will liaise with him with regards to the accident. I then left the accident scene and continued driving to drop my passenger off. I then subsequently drove my vehicle to the workshop. I wish to inform that I do not have any in car camera in my vehicle.

Sketch Plan #5 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20180207/2071

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20180207/2071

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 CHOO YOU CHENG, EUGENE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/02/2018 13:00

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Classification Of Case:

Authentication Stamp

NP168

**SINGAPORE
POLICE FORCE**

SIGNATURE