MSME18016664 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 02/02/2018 16:44 SUBMITTED BY: Chia Pei Ying

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Vehicle Category

Insurance Company

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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) forarchiving and that copies of this report will, for a fee, be made available upon application by interested parties.

	ACCIDENT STATEMENT
	ACCIDENT STATEMENT
Date Of Report	02/02/2018 16:44
Date Of Accident	01/02/2018 15:30
Exact Location Of Accident	MARYMOUNT
Occupto (Otata of Laca	ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN773K
Insured/Policyholder	
Name Of Registered Owner	4AM LEASING
Co Reg No	53278681E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-
	85885166
Vehicle Particulars	
Manufacturer	TOYOTA
Model	MARK X-2.5 (A)
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

PRIVATE CAR

Name of Driver LEE JUNHUA NRIC No S8124462F Date Of Birth 20/07/1981 Occupation INDOOR 09/03/2004 Date Of Driving Pass

Driving Experience 13 YEARS AND 10

MONTHS

Gender MALE

(LOCAL) +65-92470258 Mobile Number

Fax Number Contact Number

EMail Address NOEMAIL

BLK 104 TAMPINES ST 11 #07-89 Address

520104 Postcode Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the InsuredOTHER - HIRER

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 NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property

damaged?

YES

YES

I have been approached by unknown person(s) soliciting/offering accident claims

assistance.

NO

Number of Passengers (Including Driver)

1

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT:

T/20180201/2199.

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

SJU8711A

Vehicle Make/Model/Colour

VEHICLE B

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

LEE JUNHUA

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJN773K

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.
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- 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
- 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)
 - (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
- 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.
- 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.
- 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

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

NRIC/FIN No.:

MAX FACTOR

2 DE 3	
6 6	
	Add to the second of
THE ACCIDENT	
Police Report	
10:	
ulars are true in every respect.	
1	
A	Reporting Centre Personnel's Signature
	Reporting Centre Personner a pignature
Oriver's Signature (If driver is not the policyholder)	Name:
	the Accident Folice Report culars are true in every respect.

Sketch Plan #3 Pg. 1



Details of Person Involved Any Pedestrian Involved: No No. of Pedestrians Injured: NIL



1 of 3 Report No. T/20180201/2199

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

REPORT OF A	TRAFFIC	CACCIDENT						•	
Date/Time F 01/02/2018		//ade:	Vide Report No.:			St 11	ation Diary No.: 5		
Informant's	Partic	ulars		The Name of Street,	THE TOTAL PROPERTY.	District State		国门的全部	
Name of Informant: LEE JUNHUA		Address: APT BLK 104 TAMPINES STREET 11 #07-89 SINGAPORE 520104							
ID Type / ID No.: NRIC NO / S8124462F		Contact No.: Home/Office: Mobile: 92470258)258		
Nationality: SINGAPORE CITIZEN		Email:							
Sex: Male	Age: 36	Date of Birth: 20/07/1981	Type Driver	of Informan	t:				
Race: Chinese			Language: English			Instituti	Institution / School Name:		
Occupation: GRABCAR		2	100000000000000000000000000000000000000	Driving Licence Information: Class: Date of Expiry:				17.	
Accident:		Others		Drive: Accident: No 01/02/2018 15:3					
Type of	1	n of the Accident njury Others		Drink Drive:	Date/Tir Acciden	t:		Type of Location X-Junction	
Along Road MARYMOU BISHAN ST	NT ROA								
Weather: Clear			Road Surface: Dry				Road Speed Limit:		
Traffic Flow: One Way			Traffic Control: Traffic Light - Working				Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To F			Rear				Anyone conveyed by ambulance:		
Details of V	ehicle	Involved		8.3	Marine Street		13.5 Tel	WINE STREET	
Vehicle No.	Туре	Make		Model	Color	Cor	ndition	No of Passenge	
SJN773K	Car	IVIGINO			00/01	Slig	htly maged	0	
SJU8711A	Car						ghtly	0	

Page	0	nf	24
raue	37	UI	24

Damaged

Use of Pedestrian Crossing: NA

Sketch Plan #4 Pg. 1



T/20180201/2199

2 of 3 Report No. T/20180201/2199

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver	reportings to entertrain some	and the same of the same		A Langue	HALL B	
Name	LEE JUNHUA			ID No.		S8124462F
Related Vehicle	SJN773K (Car)			Contact No.		92470258
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	01/02/2018	Date Disc	Discharge 01/02		2/2018	
No. of Days granted Medical Leave 05			Degree of	of Injury Slight		t
Driver	DE SEE POLICE DE LE				4.76	SERVICE SERVICE SERVICE
Name	LIM CHOON WEE EDWIN (LIN CHUNWEI EDWIN)			ID No.		S7707782J
Related Vehicle	SJU8711A (Car)			Contact No.		97913440
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date I			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	fInjury	NIL	

Brief Details.

On the 01/2/2018 at about 1530hrs, I was driving my grabcar bearing vehicle no.SJN773K along the extreme left lane of Marymount Road and had stopped at the X-junction as the traffic light was red. A few seconds later, I felt a collision from my car's rear. I then exited and made a check and realised that a car bearing vehicle no.SJU8711A had collided into my car's rear. As a result there was a hole at the left rear bumper and it had also popped out a little. The other vehicle had a dent and crack on the front right portion and was also slightly popped out.

As no one was injured at that point of time, we exchanged particulars and continued on our way.

On the same day, I felt pain at my back and went to Mount Alvernia Hospital and was given 5 days MC from 01/02/2018 till 05/02/2018.

Sketch Plan #5 Pg. 1





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/20180201/2199

3 of 3

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 3 MUHAMMAD DANIYAL BIN BAHARUDDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2018 22:28
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	SIGNATURE

Driving License



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8124462F



LEE JUNHUA (LI JUNHUA) 李 俊 华

CHINESE
Oute of thills Se
20-07-1981 M
Country of birth
SINGAPORE

* H* 244A24





INSURANCE

Tokio Marine Insurance Singapore Ltd. (Company Rose, No.: 923000118000051 Reg No.: 92400000025-4) 20 McCs lam Street #09-01 Los a Marine Contro Singapure 069046

(bb) 9221 6111 (F) (63) 6221 4355 / (65) 6224 0395 (L. fmls@tokomering.com.sig (M. www.tokiomarine.com)





POLICY SCHEDULE

INSURED / ADDRESS

4AM BASING

450A, SONGMANG WEST WAY #21-335 FERNVALS CREST

S_NGAPORE 791450

POLICY NO

PREMIUM DUE

: 17-MIDD1352-ROO

POLICY TYPE : PRLVALE MOTOR CAR POLICY PERIOD : 30/08/2017 TO 29/08/2018

DATE OF ISSUE : 30/08/2017

: 30/08/2017 ACCEPT DATE

: EGD

2,306.57

(inclusive of GSC)

ACCOUNT

: 1141.05

RISK NUMBER

: 0001 Private Motor Car

BUSINESS/PROFESSION OF INSURED

: "ransportation companies

REGISTRATION NO

: SUN772K : COYOTA MARK X 2.5

: "urbo/Coups

TYPE OF BODY CUBIC CAPACITY

: 2499 : 2008

YEAR OF MANUFACTURE YEAR OF REGISTRATION

: 2008

SEATING CAPACITY (INCLUDING DRIVER): 0

: 4GR0517367

ENGINE NUMBER

: GRX1203057465

CHASSIS NUMBER TYPE OF COVER

: Comprehensive Approved Workshop Flan

SUM INSURED

: Provoiting Market Value

FINANCIAL INTEREST

: GEN ' FINANCIAL SERVICES PIE. LTD.

EXCESS

Own Damage Claims

: SGD 2,500 : SSD 2,000

Excess-Inded Farty (Sect II) Windscreen Excess

: SGD 100

ANNUAL PREMIUM (SGD)

Pasic Premium

2, 155.67

TOTAL PREMIUM BEFORE GST

2,155.67

DRIVER'S FARTICULARS

Any Authorised Employee of the Company

The above policy is subject to the following Clauses, Warranties, Endorsement, Exclusions as printed herein and/or attached hereto :-

Commercial Vehicle - Comprehensive

Approved Workshop Fran Cover

Policy No: 17 MIDCL352 RDC PRIVATE MOTOR CAR

Page 1 of 3

Jacket: FKIS/CVI/1213















