MSME18034842 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 13/03/2018 17:52 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 <u>truthful</u> and <u>accurate</u> 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 aforesaid.

	ACCIDENT STATEMENT	
Date Of Report	13/03/2018 17:52	
Date Of Accident	13/03/2018 13:15	
Exact Location Of Accident	JALAN LAMSAM	
Country/State of Loss	SINGAPORE	
엄마는 경험이 되는 이 사람들이 가지 않는 것이 살아 없다.	사람들에는 교통하는 집 전에 어떤 물리 경에 된다. 아이들에게 살충하는 사람들이 하는 사람들이 가지하는 것이다. 그 사가 하는 것이 아이는 것은 이번에 가지하는 것이 없어 나라 나는 사람들은 아	

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Vehicle Registration Number SJM4118G

Insured/Policyholder

Name Of Registered OwnerPHYO WAI SOENRIC NoS8973670FEmail AddressNOEMAIL

Mobile Phone No (LOCAL) +65-97636953
Alternative Phone No OFFICE-97636953

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 TOKIO MARINE INSURANCE SINGAPORE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number MU009706

Cover Note Number

Driver

Name of DriverPHYO WAI SOENRIC No\$8973670FDate Of Birth20/07/1989OccupationINDOORDate Of Driving Pass29/04/2013

Driving Experience 4 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97636953

Fax Number

Contact Number OFFICE-97636953

EMail Address NOEMAIL

BLK 22 GHIM MOH LINK #07-200 Address

Postcode 271022

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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 YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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 TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT: T/20180313/7011.

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 MID5652

Vehicle Make/Model/Colour

VEHICLE B

Details Of Properties Vehicle Category

GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 :
 - 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:
 - 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:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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HEWHOLK TECK

Sketch Plan #2 Pg. 1

BUT TROWN O	hvan de		
gen nearen j	D 1 3 1	H. STOPPISE	
	Janon ham Jann		
CRIBE CIRCUMSTANCES O	F THE ACCIDENT		
- PIERLE refer	to police report no. T	20180313 7911 - N	la
	,	· r	
ARATION declare the foregoing particula	rs are true in every respect.		
	rrs are true in every respect.		

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

Date & Time:

Name: NRIC/FIN No.:

Sketch Plan #3 Pg. 1





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20180313/7011

REPORT OF A TRAFFIC ACCIDE	NT	
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Date/Time Report Made: 13/03/2018 16:36			Vide Report No.:	Station Diary No.:		
Informant	t's Particu	ulars				
Name of Informant: PHYO WAI SOE			Address: APT BLK 22 GHIM MOH LINK #07-200 SINGAPORE 271022			
ID Type / ID No.: NRIC NO / S8973670F			Contact No.: Home/Office: Mobile: 97636953			
Nationality: SINGAPORE CITIZEN			Email: phyows12@gmail.com			
Sex: Age: Date of Birth: Male 28 20/07/1989			Type of Informant: Vehicle Owner			
Race: Burmese			Language: English	Institution / School Name:		
Occupation: MILITARY OFFICER			Driving Licence Information: Class: 3 Date of Expiry:			

General Inform	mation of the Accident			
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 13/03/2018 13:15	Type of Location: Straight Road
Location:	оди, ком в основни фольсос ь ослов. У стр. п. т. о д односно од од			
JALAN LAM S	SAM e road just before the gate	e into SAF Trainino	ı Ground	
Weather:	, 5	Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Stationary	ion:	A		Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
MID5652						0
SJM4118G	Car	MITSUBISHI	Lancer	Black	Seriously	0
					Damaged	

Details of V	ehicle Insurance		
Vehicle No.	Insurance Company Insurance No	Effective	Expiry Date
SJM4118G	TOKIO MARINE INSURANCE		į į
	SINGAPORE LTD.		

Sketch Plan #4 Pg. 1





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180313/7011

CONTINUATION OF REPORT

Details of Perso	n involved				A annual programmer and a second of	
Any Pedestrian II	nvolved: No	the world all the first of the second all the second secon	ATT			
No. of Pedestrian	ns Injured: NIL		Use of Peo	destrian	Cross	ing: NA
Vehicle Owner						
Name	PHYO WAI SOE			ID No.		S8973670F
Related Vehicle	NIL	Kantan saka alah di ana ara mengentah sebagai kentangan di ana ara mengelah sebagai kentangan berasah sebagai kentangan be		Contac	ct No.	97636953
Hospital/Clinic	NIL			Class Driving Licenc Expiry	e &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	

Brief Details.

My Vehicle SJM4118G stopped at the left side of Jln Lam Sam Road to park before the gate into SAF Training Ground on 130318 around 1305hrs. I was waiting for the training troop to arrive at the training ground. Around, 1315hrs, the troop arrived at the gate. As the Gun and Tower, MID 5652 & 9780 were making a left turn into the training ground (as the turn radius was small), the left rear wheel of the gun hit against the right front of SJM4118G. I was beside SJM4118G when the incident happened. Even though i raised warning, everything happened within 5 to 10 seconds, thus, there was not enough reaction time to stop the accident from happening.

Sketch Plan #5 Pg. 1







T/20180313/7011

Report No. T/20180313/7011

3 of 3

CONTINUATION OF REPORT

Sketch Plan

NP168

Tel No: 65470000

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	13/03/2018 16:36
Officer In Charge Of Case:	Classification Of Case:
Authentication Stamp	