

MSME18057416 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 02/05/2018 17:16
 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	02/05/2018 17:16
Date Of Accident	01/05/2018 17:10
Exact Location Of Accident	MARINA BLVD TURNING SHEARES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6515K
Insured/Policyholder	
Name Of Registered Owner	SD PROGRESS PRIVATE LIMITED
Co Reg No	201712152Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82928288
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO
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	5092637794
Cover Note Number	
Driver	
Name of Driver	TAN HONG CHOONG DAVID
NRIC No	S6939159A
Date Of Birth	07/11/1969
Occupation	INDOOR
Date Of Driving Pass	18/10/1995
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91686969
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 254 TAMPINES ST 21 #10-470
 Postcode 521254
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - 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 RAINING
 Road Surface WET

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 TRAFFIC POLICE DIVISION HQ
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 . COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 65470000 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20180502/7006.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH TP WORKSHOP
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD4769Z
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category TAXI
 Name of Driver LOH KIA CHIN STEVEN
 NRIC/Passport Number S1160403Z
 Contact Number 91804748
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN HONG CHOONG DAVID

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLQ6515K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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:



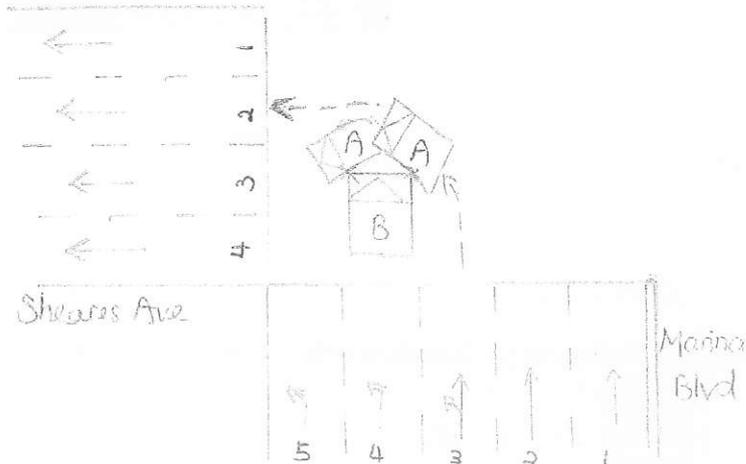

Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



Veh A : SLQ 6515K

Veh B : SHD 4769Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/5/18, time about 5:12pm, I was driving my vehicle (SLQ 6515K) along Marina Blvd on the 3rd lane (left turn and going straight lane) and upon approaching the junction of Marina Blvd and Sheares Ave, I made a left turn onto Sheares Ave (Towards lane 2). I felt an impact on the left rear of my vehicle at the junction and there after I lost control of my vehicle as it skidded slightly due to the impact. Cause my vehicle left hand side damage and undercarriage damage.

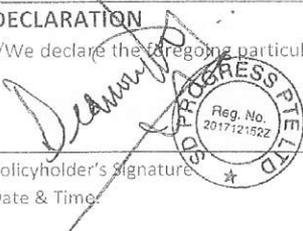
* I have a Video Footage.

Refer to Police Report No. T/2018 0502 / 7006

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:

[Handwritten Signature]

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

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180502/7006

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

1 of 3
Report No. T/20180502/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2018 13:52	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: TAN HONG CHOONG DAVID		Address: APT BLK 254 TAMPINES STREET 21 #10-470 SINGAPORE 521254	
ID Type / ID No.: NRIC NO / S6939159A		Contact No.: Home/Office: Mobile: 91686969	
Nationality: SINGAPORE CITIZEN		Email: TANHONGCHOONG@YAHOO.COM.SG	
Sex: Male	Age: 48	Date of Birth: 07/11/1969	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SALES CONSULTANT		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: 01/05/2018 17:12	Type of Location: X-Junction
Location: MARINA BOULEVARD Marina Boulevard turnig Sheares Ave Lamp Post Number: 50F				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SHD4769Z	Car	HYUNDAI	I40	Blue	Seriously Damaged	1
SLQ6515K	Car	TOYOTA	AXIO	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ6515K	NTUC Income Insurance Co-Operative Limited		18/07/2017	17/07/2018

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180502/7006

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

2 of 3

Report No T/20180502/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOH KIA CHIN	ID No.	S1160403Z
Related Vehicle	SHD4769Z (Car)	Contact No.	91804748
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN HONG CHOONG DAVID	ID No.	S6939159A
Related Vehicle	SLQ6515K (Car)	Contact No.	91686969
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 01/05/2018, time about 5.12pm, I was driving my vehicle SLQ6515K along Marina Boulevard on the 3rd lane(left turn and going straight lane) and upon approaching the junction of Marina Blvd and Sheares Ave, I made a left turn onto Sheares Ave (Towards lane 2). I felt an impact on the left rear of my vehicle at the junction and there after I lost control of my vehicle as it skidded slightly due to the impact. Cause my vehicle left hand side damage and undercarriage damage.

Next day, I went to Reservoir Road Clinic & Surgery see doctor , doctor given me 2 days MC.

Sketch Plan #5 Pg. 1



SINGAPORE
POLICE FORCE



T/20180502/7006

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

3 of 3

Report No. T/20180502/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPHQ / SITIMARSITA BINTE BOHARI Contact No.: 65476219

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 02/05/2018 13:52
Classification Of Case:

Authentication Stamp
NP168