

MSME18062686 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 14/05/2018 16:30  
SUBMITTED BY: Farida Wen

## 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	14/05/2018 16:30
Date Of Accident	11/05/2018 19:00
Exact Location Of Accident	SLIP ROAD OF ANG MO KIO AVE 1.
Country/State of Loss	SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7160D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ELITE TRANSPORT SERVICES
Co Reg No	53073981W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96375640

## Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE

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 COMMERCIAL VEHICLE

## Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA189980/1
Cover Note Number	

## Driver

Name of Driver	CHEN YONGXIANG
NRIC No	S8511349F
Date Of Birth	06/04/1985
Occupation	INDOOR
Date Of Driving Pass	17/09/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91150544
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 246 SERANGOON AVE 3 #05-204  
 Postcode 550246  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE  
 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) 3  
 Passenger 1 NAME: : ZAYDEN CHEN DINGFA  
 GENDER: : MALE  
 Passenger 2 NAME: : SYAMIMI BINTE ZAINAL  
 GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-4880999 - FAX NO: 64883561  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO POLICE REPORT NO.T/20180512/2141.

#### 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 SHB3999T  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category TAXI  
 Name of Driver LEE SWEE HENG  
 NRIC/Passport Number

Contact Number 91695560  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 6  
Passenger 1  
NAME: :  
GENDER: :  
Passenger 2  
NAME: :  
GENDER: :  
Passenger 3  
NAME: :  
GENDER: :  
Passenger 4  
NAME: :  
GENDER: :  
Passenger 5  
NAME: :  
GENDER: :

**DETAILS OF INJURED PERSON 1**

Name ZAYDEN CHEN DINGFA  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? CB7160D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name SYAMIMI BINTE ZAINAL  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? CB7160D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Accident 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.

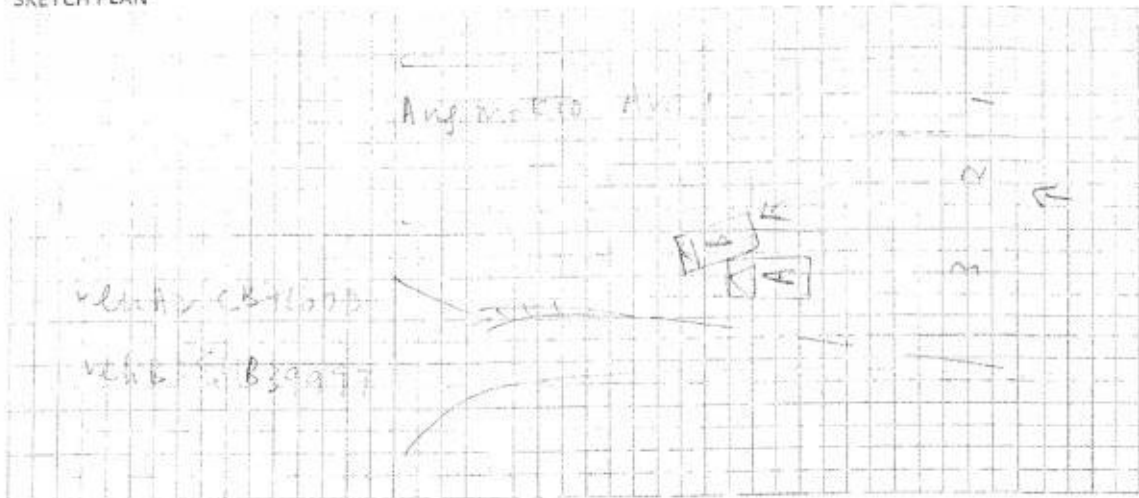
  
 倪桂英  
 Policyholder's Signature  
 Date & Time:

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

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

## Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report: 7/20180512/2141

## 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.:

## Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180512/2141

1 of 4

Report No: T/20180512/2141

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2018 20:43	Vide Report No.:	Station Diary No.: 53
--	------------------	--------------------------

## Informant's Particulars

Name of Informant: CHEN YONGXIANG			Address: APT BLK 246 SERANGOON AVENUE 3 #05-204 SINGAPORE 550246		
ID Type / ID No.: NRIC NO / S8511349F			Contact No.: Home/Office:		Mobile: 91150544
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 06/04/1985	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SENIOR EXECUTIVE			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: 11/05/2018 19:00	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 1  ALONG ANG MO KIO AVE 1, BEFORE THE SLIP ROAD ENTERING LORONG CHUAN				
Weather: Drizzling	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB7160D	Bus/Coach/Minibus (School Children)				Slightly Damaged	2
SHB3999T	Car				Slightly Damaged	5

## Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	

## Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180512/2141

2 of 4

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20180512/2141

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	ZAYDEN CHEN DINGFA	ID No.	T1628769A
Related Vehicle	CB7160D (Bus/Coach/Minibus (School Children))	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/05/2018	Date Discharge	12/05/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	CHEN YONGXIANG	ID No.	S8511349F
Related Vehicle	CB7160D (Bus/Coach/Minibus (School Children))	Contact No.	91150544
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
<b>Passenger</b>			
Name	SYAMIMI BINTE ZAINAL	ID No.	S8700497Z
Related Vehicle	CB7160D (Bus/Coach/Minibus (School Children))	Contact No.	91792724
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/05/2018	Date Discharge	11/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	LEE SWEE HENG	ID No.	NIL
Related Vehicle	SHB3999T (Car)	Contact No.	91695560
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



## Accident Sketch Plan Pg. 1

**SINGAPORE  
POLICE FORCE**

T/20180512/2141

3 of 4

Report No. T/20180512/2141

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

## CONTINUATION OF REPORT

**Brief Details.**

On 11/05/2018 at about 1900hrs, I was driving (CB7160D) along Ang Mo Kio Ave 1, towards the direction of CTE. At that point of time, my wife (Syamimi Binte Zainal, S8700497Z) and my son (Zayden Chen Dingfa, T1628769A) were on board as well. I wish to state that I was driving on the extreme left lane at that point of time and it was drizzling as well.

As I was approaching the slip road heading towards Lorong Chuan, a taxi (SHB3999T) that was driving on the lane right next to me, suddenly signalled and just cut into my lane, attempting to enter the slip road. Upon seeing that, I immediately applied brake however my vehicle skidded and collided into the back left side of the taxi.

The taxi then stopped at one side and the taxi driver had attempted to alight to clear the matter with me. However, from my observations, the passenger that was on board the taxi was unhappy and ultimately, the taxi driver drove towards the direction of Australian International School that was located at Lorong Chuan to drop off the passenger. I wish to state that I followed the said taxi.

After the taxi dropped off the passenger, the taxi driver alighted from the taxi to assess the damage to the vehicle. However, the said taxi driver simply told me to inform his taxi company about the matter and just drove off thereafter. I wish to state from the accident, there are some scratches on the right hand side of my vehicle's bumper and door. There were also some slight dents on it. As for the taxi, there were some scratches on the back left side.

After the accident, my wife had complained of some soreness from the back to the left hand side of the body. My son had also suffered some scratches on his left cheek and I believed it was caused from the accident. My wife and my son subsequently went to KK Hospital to see a doctor and was given 3 days and 7 days MC respectively.

I wish to state that my vehicle had an in-car camera however it was not working at that time. Base on my observation, the taxi had an in-car camera located in the vehicle. I also wish to state that I did not managed to exchange particulars with the taxi driver.



## Accident Sketch Plan Pg. 1

**SINGAPORE  
POLICE FORCE**

T/20180512/2141

4 of 4

Report No. T/20180512/2141

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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  
F /  
Sgt 2 TAN WEI JIE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 YEO KIA HUAT  
Contact No.: 65476325



Authentication Stamp  
NP158

Signature Of Informant:

Date/Time:  
12/05/2018 20:43

Classification Of Case:

  
154