

MSME18063978 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 16/05/2018 16:44
 SUBMITTED BY: Chia Pei Ying

Adrian - Lkk
 Total Loss

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 | 16/05/2018 16:44 |
| Date Of Accident | 15/05/2018 17:30 |
| Exact Location Of Accident | QUEEN'S CRESCENT TWDS QUEENSWAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SLU2017L |
| Insured/Policyholder | |
| Name Of Registered Owner | SGCARZLLP |
| Co Reg No | T16LL1847F |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-63447667 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | CIVIC |
| 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 | 5084988951-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | SEET SU LIN |
| NRIC No | S8339950C |
| Date Of Birth | 19/12/1983 |
| Occupation | INDOOR |
| Date Of Driving Pass | 14/09/2004 |
| Driving Experience | 13 YEARS AND 8 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-98799288 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

Address * BLK 289B PUNGGOL PLACE #10-877
 Postcode 822289
 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 SIDE SWIPE
 Weather Conditions CLEAR
 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) 2
 Passenger 1
 NAME: : TAN WEI TING
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name QUEENSTOWN N.P.C
 Police Station Address ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4719999 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20180516/2097.

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 PA2639A
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver CHAN HAN LEONG
 NRIC/Passport Number S1834357F
 Contact Number 81828248
 Address
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SEET SU LIN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLU2017L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name TAN WEI TING

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLU2017L

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.
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.

SGCARZ



Policyholder's Signature
Date & Time:

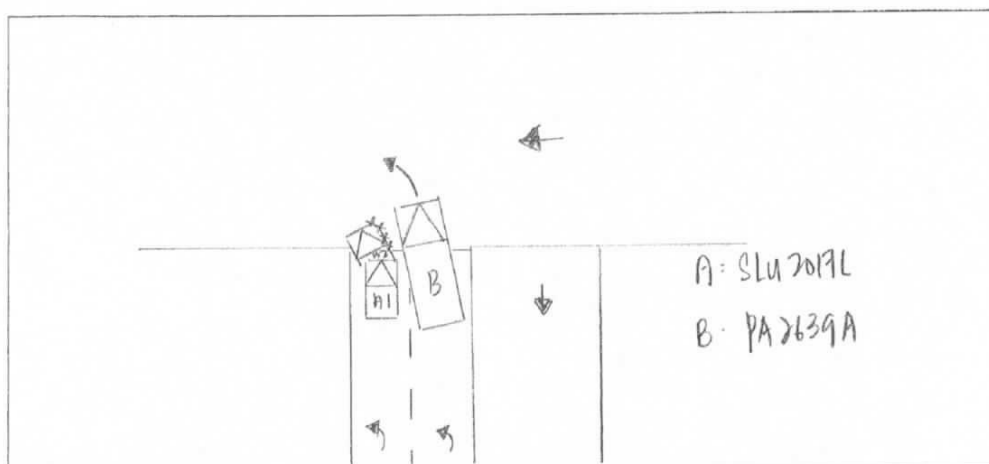
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SGCARZ SketchPlanForm V2

NEW HOCK 2018

SKETCH PLAN



Ref: police report no: T/20180516/2097

I/We declare the foregoing particulars are true in every respect.

SGCARZ

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/20180516/2097

1 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180516/2097

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 16/05/2018 14:32 | Vide Report No.: | Station Diary No.: 31 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: SEET SU LIN | | | Address: APT BLK 289B PUNGGOL PLACE #10-877 SINGAPORE 822289 | | |
| ID Type / ID No.: NRIC NO / S8339950C | | | Contact No.: Home/Office: Mobile: 98799288 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Female | Age: 34 | Date of Birth: 19/12/1983 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Registered nurse | | | 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: 15/05/2018 17:30 | Type of Location: T-Junction |
| Location: Along Road 1 QUEEN'S CRESCENT TOWARDS QUEENSWAY | | | | |
| Weather: Cloudy | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------------------|------|-------|-------|----------------------|-----------------|
| PA2639A | Bus/Coach/Minibus | | | | Slightly Damaged | 0 |
| SLU2017L | Car | | | | Seriously Damaged | 1 |

Details of Person Involved

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

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180516/2097

2 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No T/20180516/2097

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------------|------------------|---|
| Driver | | | |
| Name | CHAN HAN LEONG | | ID No. S1834357F |
| Related Vehicle | PA2639A (Bus/Coach/Minibus) | | Contact No. 81828248 |
| 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 | SEET SU LIN | | ID No. S8339950C |
| Related Vehicle | SLU2017L (Car) | | Contact No. 98799288 |
| Hospital/Clinic | ALEXANDRA HOSPITAL | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | 16/05/2018 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Passenger | | | |
| Name | TAN WEI TING | | ID No. S8327998B |
| Related Vehicle | SLU2017L (Car) | | Contact No. 94798090 |
| Hospital/Clinic | ALEXANDRA HOSPITAL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | 16/05/2018 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On 15/05/2018 at around 1730hrs, I was driving along Queens Crescent, and I saw a bus on the left lane stopping line, waiting to turn left towards Queensway. I stopped on the left stopping lane, which is on the left side of the bus. When it is clear to turn left, the bus on my right move off first and followed by myself. But when I realized the bus is getting closer to me and taking up my space, I quickly stopped but the left side of the bus still hit onto my front right door, right side mirror, front right tyre and front right bumper.

I stopped and alight from the vehicle, and exchange particulars with the bus driver. At the point of time, both my passenger and myself did not feel or suffer any pain. No police or ambulance was activated.

On the same day 15/05/2018, at around 1830hrs, I felt a pain on my right neck. I asked my friend who is the passenger, she also felt pain at the right neck, right wrist and back at around 2100hrs. Hence, we

Sketch Plan #5 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180516/2097

3 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180516/2097

CONTINUATION OF REPORT

decided to go to the doctor the next day.

On 16/05/2018 at around 0900hrs, my passenger and I went to Alexandra Hospital to get a check up and we were given 3 days of Medical Certificate each.

My Medical Certificate reg no: NPR20189446, given by Lorraine Tan Lian Tin, 06225A

My friend's Medical Certificate reg no: NPR20189442, given by Lorraine Tan Lian Tin, 06225A

I would like to state that I have the footage of the incident recorded from my in-car camera.

Sketch Plan #6 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20180516/2097

4 of 4

Report No. T/20180516/2097

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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:

D /

Sgt 2 HAAFIZH BIN MOHD NOOR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/05/2018 14:32

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP 68 SINGAPORE
POLICE FORCE

SN 46

SIGNATURE