MSME18085452 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 03/07/2018 09:41 SUBMITTED BY: Chia Pel 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 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.

- Any false reporting may be referred to the Police for investigation.
 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	03/07/2018 09:41	
Date Of Accident	02/07/2018 02:00	
Exact Location Of Accident	ALONG JOO CHIAT PLACE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	ET5558K	
Insured/Policyholder		
Name Of Registered Owner	LIM CHIN HEE	
NRIC No	S1693050D	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98518716	
Alternative Phone No	OFFICE-98518716	
Vehicle Particulars		
Manufacturer	HONDA	

Manufacturer	HONDA
Model	CIVIC

Exact Purpose for which	vehicle wa	as being	used at
time of accident			

Are you claiming un	der your own insurance policy	NO
for repair to your ve	hicle?	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	5097283643

Cover Note Number

Driver

Name of Driver	LIM CHIN HEE
NRIC No	S1693050D
Date Of Birth	16/03/1965
Occupation	INDOOR
Date Of Driving Pass	05/06/2000

Gender MALE

Mobile Number (LOCAL) +65-98518716

Fax Number

Contact Number OFFICE-98518716

EMail Address NOEMAIL Address BLK 551 WOODLANDS DRIVE 44 #12-58

Postcode 730550

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name MARINE PARADE NEIGHBOURHOOD POLICE POST

NO

NO

GBG83A

YES

NO

NO

1

Police Station Address ROAD: BLK 74 MARINE DRIVE #01-35 , POSTCODE: 440074 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-4409999 - FAX NO: 64474182

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20180702/2061.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 18

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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 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 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' (awyers/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 daims. (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.

Luphi

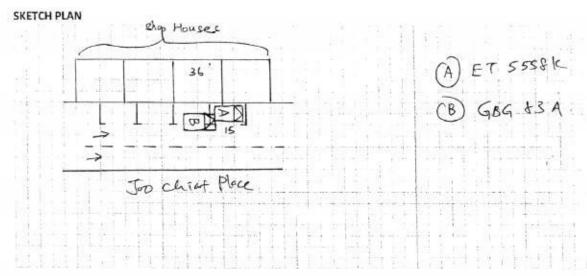
Policyholder's Signature Date & Time: 2 July 2018

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

NRIC/FIN No.:

PREC 196

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	Police 1	Report	£			
		1				
	Stateu	ient	please	Refer To	Police	
	Report	No:	7/20180	Refer To 702/2061.		
DO-O-WAY						12-1-10-1
4.1.20.42		-2				
	yar e e				TO VIEW OF THE CONTROL	
H4457-012-0				Nec arrest and the second		
-						

Policyholder's Signature

Date & Time:

I/We declare the foregoing particulars are true in every respect. 2/5mg 2018.

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





Police Station Of Origin: Marine Parade NPP

74 Marine Drive #01-35 SINGAPORE 440074

Tel No: 1800-4409999

1 of 3 Report No. T/20180702/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2018 14:34		ade:	Vide Report No.:	Station Diary No.: 29	
Informar	t's Particu	ilars	PROSPORTING SERVICE	MARKET AND LAND	
Name of Informant: LIM CHIN HEE			Address: APT BLK 551 WOODLANDS DRIVE 44 #12-58 SINGAPORE 730551		
ID Type / ID No.: NRIÇ NO / \$1693050D			Contact No.; Home/Office: Mobile: 98518716		
Nationali SINGAP	ty: ORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 53 16/03/1965			Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: MEDIA PRODUCER			Driving Licence Information: Class:	Date of Expiry:	

General Inform	nation of the Accider	nt - 2 de la company		0,015,000,0	CEPTATOR DARKETS	
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/07/2018 02:00		Type of Location: Straight Road	
Location: Along Road 1 JOO CHIAT F		-		it.		
36 Joo Chiat	Place					
Weather:		Road Surface:	Road Surface:		Road Speed Limit:	
Traffic Flow: . Two Way		Traffic Control: Not Controlled			Traffic Volume:	
Type of Collin Moving Vehic	sion: cle Against - Parked V	ehicle	5		yone conveyed by abulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
ET5558K	Car	HONDA	CIVIC	Black		0
GBG83A	Van	TOYOTA		Silver	64	0

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

Sketch Plan #4 Pg. 1





Police Station Of Origin: Marine Parade NPP 2 of 3 Report No. T/20180702/2061

74 Marine Drive #01-35 SINGAPORE 440074

Tel No: 1800-4409999

CONTINUATION OF REPORT

Name	LIM CHIN HEE		ID No.		S1693050D	
Related Vehicle	ET5558K (Car)			Contact No. 98518716		98518716
Hospital/Clinic	NIL			Class Driving Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis	charge	NIL:	
No. of Days gran	NIL	Degree o	f Injury	NIL		

Brief Details.

On the 02/07/2018 at about 0830hrs, I went to my vehicle and discovered the rear bumper of my vehicle have drop off. I then saw a note in front of my vehicle. The note was attached with a image of the van with the plate number. The note state that there is a hit and run occur at 0200hrs. However, the note is not with me at the moment.

I would like to state that there is no in car camera in my vehicle.

Sketch Plan #5 Pg. 1





Police Station Of Origin:
Marine Parade NPP
74 Marine Drive #01-35 SINGAPORE 440074
Tel No: 1800-4409999 CONTINUATION OF REPORT

3 of 3 Report No. T/20180702/2061

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:	Signature Of Informant:
Sgt 2 MICHAEL LEE CHOON WEE	an
Signature Of Interpreter: Not applicable	Date/Time: 02/07/2018 14:34
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	
Authentication Stamp NP188	