

MSME18092910 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 18/07/2018 16:45
SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 18/07/2018 16:51

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	18/07/2018 16:45
Date Of Accident	12/07/2018 11:35
Exact Location Of Accident	PAYA LEBAR SQAURE DROP OFF
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX8540X
Insured/Policyholder	
Name Of Registered Owner	AT AUTO
Co Reg No	53346804C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96404525
Alternative Phone No	OFFICE-98625420

Vehicle Particulars

Manufacturer	DAIHATSU
Model	MATERIA
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	5093850700
Cover Note Number	

Driver

Name of Driver	ADRIAN TIAH NAN SHAN
NRIC No	S7627487H
Date Of Birth	15/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	02/04/2001
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98625420
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 1 CANBERRA DRIVE #11-04
 Postcode 768101
 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 - HEAD TO REAR
 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
 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 YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8522999 - FAX NO: 68522239
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: F/20180712/2122

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 SLM2387K
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 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 PLANIMPORTANT NOTICE

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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:

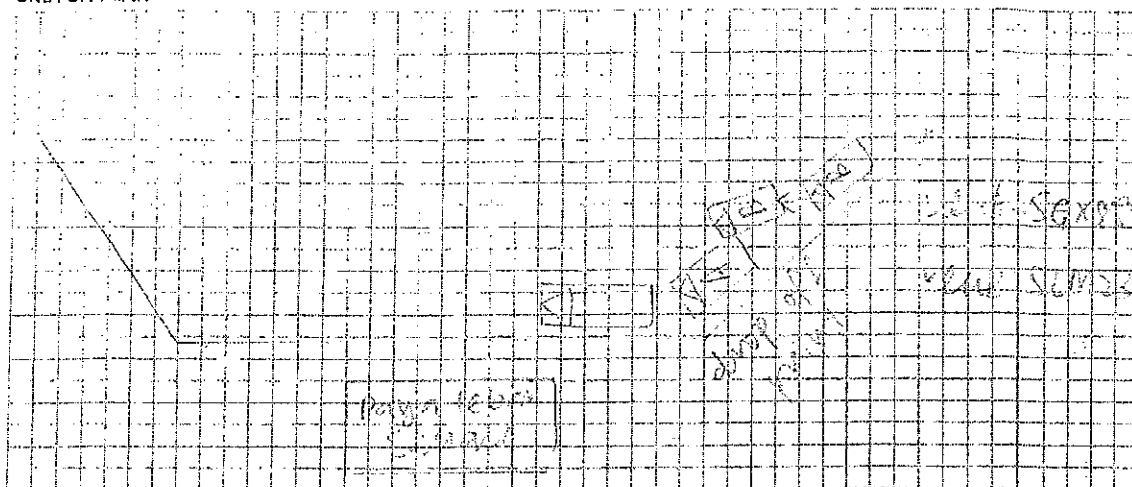
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

HAA MONE

Sketch Plan #2 Pg. 1

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report # 20180712/2122

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.:

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



F/20180712/2122

1 of 2

POLICE REPORT (NP299)

Report No. F/20180712/2122

Police Station Of Origin
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Date/Time Report Made 12/07/2018 16:04		Vide Report No.		Station Diary No. 33	
Name Of Informant ADRIAN TIAH NAN SHAN		Address 1 CANBERRA DRIVE #11-04 SINGAPORE 768101			
ID Type / ID No. NRIC NO / S7627487H		Contact No. Home/Office Mobile 98625420			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation DRIVER		Sex Male	Age 41	Date of Birth 15/09/1976	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 12/07/2018 11:35		Location Of Incident 60 PAYA LEBAR ROAD PAYA LEBAR SQUARE SINGAPORE 409051 drop off point			

Brief details.

On 12/07/2018 at about 11.35am as I (SGX8540X) was dropping of a passenger at the said location a vehicle bearing plate SLM2387K also dropped a passenger behind me however while he was moving out from behind me, his vehicle scratched the rear right side of my vehicle bumper. The said driver did not stopped after the incident however I managed to catch up to him but he denied hitting my vehicle.

I did not mänge to get his particulars, I am lodging this report for insurance purposes.

Signature Of Officer Recording The Report: F / Sgt 1 RACHEL BOON SI YING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/07/2018 16:04
Officer In-Charge Of Case: F / Yishun South N.P.C / Staff Sgt ASRUL BIN MOKHTAR Contact No.: 68522999	Classification Of Case:

Authentication Stamp

Signature: _____

SN 085

Sketch Plan #4 Pg. 1

**SINGAPORE
POLICE FORCE**

F/20180712/2122

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

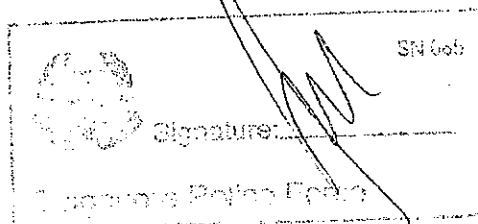
Report No. F/20180712/2122

Signature Of Officer Recording The Report:

F / Sgt 1 RACHEL BOON SI YING

Signature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
F / Yishun South N.P.C /
Staff Sgt ASRUL BIN MOKHTAR
Contact No.: 68522999

Authentication Stamp



Signature Of Informant:

Date/Time:
12/07/2018 16:04

Classification Of Case: