

MSME18104432 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 13/08/2018 16:49
 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 13/08/2018 16:49
 Date Of Accident 12/08/2018 12:20
 Exact Location Of Accident ESPLANADE DRIVE
 Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGE3279J
Insured/Policyholder
 Name Of Registered Owner FOO WENG WEI
 NRIC No S1825583I
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-96195675
 Alternative Phone No OFFICE-96195675

Vehicle Particulars

Manufacturer BMW
 Model 116D

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 AXA INSURANCE PTE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number P1673642
 Cover Note Number

Driver

Name of Driver FOO WENG WEI
 NRIC No S1825583I
 Date Of Birth 26/10/1967
 Occupation INDOOR
 Date Of Driving Pass 21/09/1994
 Driving Experience 23 YEARS AND 10 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96195675
 Fax Number
 Contact Number OFFICE-96195675
 Email Address NOEMAIL

Address BLK 17 TELOK BLANGAH CRESCENT #28-280
 Postcode 090017
 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 COLLISION - HEAD ON COLLISION
 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 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/20180813/7014.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKJ8726D
 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

14/08 2018 TUE 9:54 FAX

0003/009

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful 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: 13 Aug 18
1:30 PM


Driver's Signature

(If driver is not the policyholder)
Date & Time: 13 Aug 18
1:30 PM

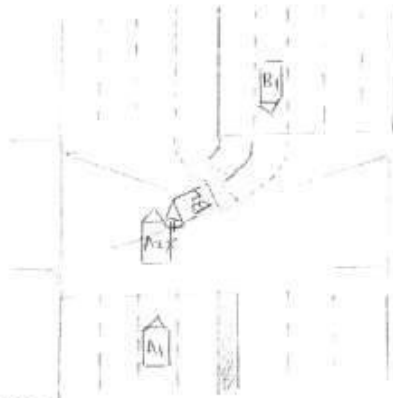
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

A. 56E32793
B. 5KJ872GD



PLEASE REFER to POLICE REPORT 7/20180813/7014

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

Police holder's Signature: *[Signature]*
Date & Time: 13 Aug 18
1:30 PM

Driver's Signature: Gandrup
(If driver is not the policyholder)
Date & Time: 13 Aug 18
1:30 PM

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



**SINGAPORE
POLICE FORCE**



T/20180813/7014

1 of 4

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

Report No. T/20180813/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2018 14:08	Vide Report No.: A/20180812/0096	Station Diary No.:
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Informant's Particulars

Name of Informant: FOO WENG WEI			Address: APT BLK 17 TELOK BLANGAH CRESCENT #28-280 SINGAPORE 090017	
ID Type / ID No.: NRIC NO / S1825583I			Contact No.: Home/Office:	Mobile: 96195675
Nationality: SINGAPORE CITIZEN			Email: wengweifoo@gmail.com	
Sex: Male	Age: 50	Date of Birth: 24/10/1967	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Computer engineer			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/08/2018 12:20	Type of Location: X-Junction
Location: ESPLANADE DRIVE				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic		
Type of Collision: X Junction - Head to Side	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGE3279J	Car	BMW	116D 5DR HATCHBAC K DSC LED	Black		0
SKJ8726D	Car	OTHERS	NISSAN	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20180813/7014

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

2 of 4

Report No. T/20180813/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGE3279J	AXA INSURANCE SINGAPORE PTE LTD	P1673642	30/09/2017	29/09/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FOO WENG WEI	ID No.	S1825583I
Related Vehicle	SGE3279J (Car)	Contact No.	96195675
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
Passenger			
Name	SARAH TEO	ID No.	S7703702J
Related Vehicle	SGE3279J (Car)	Contact No.	96780769
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	Slight

Brief Details.

THE ACCIDENT HAPPENED ON 12/08/2018 ABOUT 12:18PM ALONG JUNCTION OF ESPLANADE DR AND STAMFORD ROAD TOWARDS THE DIRECTION OF SUNTEC CITY. I WAS DRIVING STRAIGHT ON 2ND LANE AND THE TRAFFIC LIGHT WAS GREEN (IN MY FAVOUR). VEHICLE B FROM OPPOSITE LANE CROSSED AND TURNED RIGHT AND HIT THE RIGHT SIDE OF MY CAR. I TRIED TO AVOID HIM BY SWERVING LEFT BUT VEHICLE B DID NOT STOP UNTIL IT CRASHED INTO MY CAR.

i was feeling unwell last night about around 10pm with sever neck and left wrist pain, i went to see my company doctor this morning 13 Aug 11am and was given 3 days of medical leave.

My passenger, Sara Teo, is also feeling unwell. Will observe further and bring her to see a doctor after she woke up.



**SINGAPORE
POLICE FORCE**



T/20180813/7014

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

3 of 4

Report No. T/20180813/7014

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180813/7014

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

4 of 4

Report No. T/20180813/7014

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 /
NORASHIKIN BINTE DAUD
Contact No.: 65476439

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
13/08/2018 14:08

Classification Of Case: