

MSME15109722 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 24/08/2018 14:09
 SUBMITTED BY: Sebastian Kong

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 willful 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 24/08/2018 14:09
 Date Of Accident 23/08/2018 16:50
 Exact Location Of Accident ALONG MARINA COASTAL DRIVE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT3851E
Insured/Policyholder
 Name Of Registered Owner SEET KIA WEE, EDWARD
 NRIC No S8634876D
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-97328691
 Alternative Phone No OFFICE-97328691

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 AXA INSURANCE PTE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number GA380156/1
 Cover Note Number

Driver

Name of Driver SEET KIA WEE, EDWARD
 NRIC No S8634876D
 Date Of Birth 26/11/1986
 Occupation INDOOR
 Date Of Driving Pass 31/03/2016
 Driving Experience 2 YEARS AND 4 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97328691
 Fax Number
 Contact Number OFFICE-97328691
 EMail Address NOEMAIL

Address BLK102 HENDERSON CRESCENT
#11-20
Postcode 150102
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 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? 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) 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

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 SHB4799Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SEET KIA WEE, EDWARD

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan #2 Pg. 1

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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.:

LOU Pg. 1

LETTER OF UNDERTAKING

S 8634876D

Seetba Wee, Edward

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd. We shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

Progressive Auto Re Ltd

My/Our Third Party claim is handled by my/our preferred workshop

Signed and Acknowledge by:



Name and signature of policyholder

Company Stamp

54/8/18

Date

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180824/7007

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

1 of 3

Report No: T/20180824/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 24/08/2018 11:35	Vide Report No	Station Diary No
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Informant's Particulars

Name of Informant: SEET KIA WEE, EDWARD		Address: APT BLK 102 HENDERSON CRESCENT #11-20 SINGAPORE 150102	
ID Type / ID No: NRIC NO / S8634876D		Contact No: Home/Office	Mobile: 97328691
Nationality: SINGAPORE CITIZEN		Email: edward.dsing@gmail.com	
Sex: Male	Age: 31	Date of Birth: 26/11/1986	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Interior Designer		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: 23/08/2018 16:50	Type of Location: Straight Road
Location: MARINA BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Rear to head collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4799Y	Car		TAXI	Yellow	Slightly Damaged	1
SKT3851E	Car	HONDA	CIVIC 1.6 VTiS AT	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT3851E	AXA INSURANCE SINGAPORE PTE LTD	GA380156	09/08/2018	08/08/2019

POLICE REPORT Pg. 1



**SINGAPORE
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10 Ubi Avenue 3 SINGAPORE 408865
Tel No. 65470000



T/20180824/7007

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Report No. T/20180824/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEET KIA WEE EDWARD	ID No.	S8634876D
Related Vehicle	SKT3851E (Car)	Contact No.	97328691
Hospital/Clinic	FRONTIER MEDICAL ASSOCIATES	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Date Treatment	24/08/2018	Date Discharge	24/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details:

On 23/8/18 I was driving my vehicle (SKT3851E) along Marina Coastal Drive towards Telok Blangah. My car was stationary while waiting the traffic light, the taxi (SHB4799Y) which in front of me reversed suddenly and hit onto my vehicle front portion, causing my vehicle front portion damaged.

I had video footage

POLICE REPORT Pg. 1

**SINGAPORE
POLICE FORCE**

T/20180824/7007

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

3 of 3
Report No: T/20180824/7007

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 / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No : 65476367

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:
24/08/2018 11:35

Classification Of Case: