

MSME18139371 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 26/10/2018 17:10  
SUBMITTED BY: Wen 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 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. 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	26/10/2018 17:10
Date Of Accident	25/10/2018 14:30
Exact Location Of Accident	EUNOS RD 4 CARPARK LOT 429.
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SDQ8896S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUE SWEE PING
NRIC No	S1788448D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96798896
Alternative Phone No	OFFICE-96798896

**Vehicle Particulars**

Manufacturer	LEXUS
Model	270

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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**Insurance Company**

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA000855/1
Cover Note Number	

**Driver**

Name of Driver	CHUE SWEE PING
NRIC No	S1788448D
Date Of Birth	02/11/1967
Occupation	INDOOR
Date Of Driving Pass	24/12/1986
Driving Experience	31 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96798896
Fax Number	
Contact Number	OFFICE-96798896
Email Address	NOEMAIL

Address 319 PAVILION CIRCLE  
 Postcode 658580  
 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? YES  
 Foreign Vehicle Registration Number JSR3027 (COMMERCIAL VEHICLE)  
 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. NO  
 Number of Passengers (Including Driver) 0

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name KAMPONG UBI NEIGHBOURHOOD POLICE POST  
 Police Station Address ROAD: BLK 9 EUNOS CRESCENT #01-2687, POSTCODE: 400009, COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-7479999 - FAX NO: 67453410  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

PLS REFER TO POLICE REPORT NO.T/20181025/2107.

**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 JSR3027  
 Vehicle Make/Model/Colour  
 Details Of Properties VEH B  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name

## Accident Sketch Plan Pg. 1

## SKETCH PLAN

## IMPORTANT NOTICE

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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.



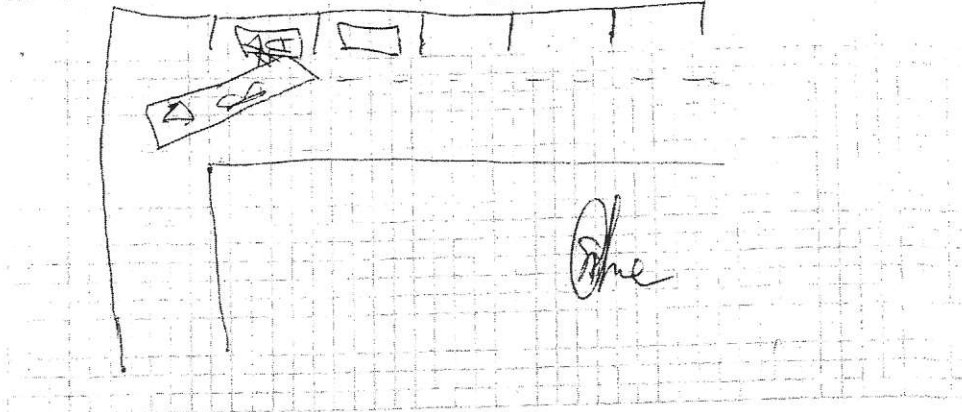
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan Pg. 1

SKETCH PLAN

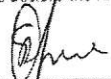


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

## 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.:



# SINGAPORE POLICE FORCE



T/20181025/2107

1 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20181025/2107

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/10/2018 16:05	Vide Report No.: G/20181025/0108	Station Diary No.: 14
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**Informant's Particulars**

Name of Informant: CHUE SWEE PING			Address: 319 PAVILION CIRCLE SINGAPORE 658580		
ID Type / ID No.: NRIC NO / S1788448D			Contact No.: Home/Office: 96798896                      Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 02/11/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/10/2018 14:30	Type of Location:
Location:  EUNOS ROAD 4  B/1045 EUNOS RD 4 CARPARK LOT 429				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSR3027	TRAILER					0
SDQ8896S	Car	TOYOTA	LEXUS RX270 AUTO STD	White	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDQ8896S	AXA INSURANCE SINGAPORE PTE LTD	GA000855	18/08/2018	17/08/2019



**SINGAPORE  
POLICE FORCE**



T/20181025/2107

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400009  
Tel No: 1800-7479999

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Report No. T/20181025/2107

**CONTINUATION OF REPORT**

**Brief Details.**

On the 25/10/2018 at 0630 hrs I parked my car SDQ8896S at Blk 1045 Eunos Rd 4 lot 429 which is a parallel lot. At 1440 hrs my friend came to my shop and told me a trailer had hit my car and left. I went back to my car and discovered the rear left and right of my car was ripped off, seriously damaged. When I came back to the lot, a male Chinese witness (Hp: 93741313) approached me and told me earlier at 1430 hrs a blue trailer JSR3027 wanted to turn out from the carpark and while turning the rear right of the trailer hit the rear left side of my car. The witness managed to talk to the trailer driver who was a Malay man, told him hit already, however despite that, he just drove off. My car does not have in car camera. That is all.



**SINGAPORE  
POLICE FORCE**



T/20181025/2107

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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Report No. T/20181025/2107

**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:  
G /  
Staff Sgt MOHAMMAD HAFEEZ ASHRAF BIN  
HARON

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt ESTHER CHONG  
Contact No.: 65476368

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
25/10/2018 16:05

Classification Of Case: