MSME18141889 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 01/11/2018 16:03 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 witholding 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.

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

	ACCIDENT STATEMENT
Date Of Report	01/11/2018 16:03
Date Of Accident	31/10/2018 16:45
Exact Location Of Accident	YIO CHU KANG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGR9199Z
Insured/Policyholder	
Name Of Registered Owner	GIAN KAUR D/O ANAND SINGH
NRIC No	S1843881Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92998241
Alternative Phone No	OFFICE-92998241

Vehicle Particulars

TOYOTA Manufacturer **AXIO**

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?

THIRD PARTY If No. Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy M495621 Policy Number

Cover Note Number

Driver SURINDERPAL SINGH S/O AMAR SINGH Name of Driver

S8117402D NRIC No Date Of Birth 09/06/1981 OUTDOOR Occupation 08/12/2009 Date Of Driving Pass

8 YEARS AND 10 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-91805114 Mobile Number

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

BLK 293C COMPASSVALE CRESCENT #07-47

Postcode

543293

1 0310000

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

9000

General Information of the Accident

Type Of Accident

SIDE SWIPE

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

NO

ambulance?

VO

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/20181101/7000.

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

YL2055U

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 #2 Pg. 1

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Sketch Plan #3 Pg. 1





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20181101/7000

REPORT C	F A TRAFFIC	CACCIDENT		Di N		
Date/Time Report Made: 01/11/2018 02:58			Vide Report No.:	Station Diary No.:		
informa	nt's Particu	llars .	and the second s			
Name of Informant: SURINDERPAL SINGH S/O AMAR APT			Address: APT BLK 293C COMPASSVA SINGAPORE 543293	T BLK 293C COMPASSVALE CRESCENT #07-47		
SINGH ID Type / ID No.: NRIC NO / S8117402D			Contact No.: Home/Office:	Mobile: 91805114		
National SINGAP	ity: ORE CITIZ	EN	Email: Surinderpal81@gmail.com			
Sex: Male	Age: 37	Date of Birth: 09/06/1981	Type of Informant: Driver			
Race: Sikh			Language: English	Institution / School Name:		
Occupation: Despatch worker			Driving Licence Information: Class:	Date of Expiry:		

General Infor	mation of the Assider	mt .	120000000000000000000000000000000000000	The State of the S
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 31/10/2018 16:45	Type of Location: Straight Road
Location:				
YIO CHU KAI	NG ROAD			
Weather: Clear		Road Surface:		Road Speed Limit:
Traffic Flow:	a Way	Traffic Control: Traffic Light - Work	ing	Traffic Volume: Moderate
Type of Collis				Anyone conveyed by ambulance: No

Details of Vi	ehicle Involv	/ed		12.		tion of Descending
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SGR9199Z	Car					U
YL2055U	Lorry	ISUZU		White		0

Details of Person Involved	
Any Pedestrian Involved: No	. A1A
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #4 Pg. 1





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

Report No. T/20181101/7000

CONTINUATION OF REPORT

Driver Name	SURINDERPAL SINGH S/O AMAR SINGH		ID No.		S8117402D	
Related Vehicle	SGR9199Z (Car)		Contact No.		91805114	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Di		Date Disc			
No. of Days granted Medical Leave NIL Degree		Degree of	Injury	NIL		

Brief Details.

On 31.10,2018, at about 4.45pm, I was driving my car SGR9199Z along Yio Chu Kang Road towards Hougang. I had intended to proceed into CTE towards City and as such I positioned in my car in the turning pocket. At that time, there was another lorry next to mine which I established the number plate to YL2055U. As I was making the turn into CTE, I felt an impact to the front left side of my car. I then saw that my left side mirror had broken and it was due to the fact that the said lorry had collided while it was making a turn. I then horned at the lorry but the driver was oblivious. I gave chase and continued to horn at the driver and finally he came to a stop. I then told him that he had collided into my vehicle and during this conversation I saw that my front left bumper and fender had scratches. I showed the damages to the driver, a male Chinese about 50 years old who was alone at that time. He denied and claimed that I was accusing him. I then asked for his particulars but he refused to give it to me. I am lodging this report to bring the matter to the attention of the police, my insurance company and workshop as I intend to make a claim against him. The fact that he refused to provide his particulars to me is very strange. I had taken out my driving licence to offer it to the driver but he did not seem to be interested. He was in total denial. I do not have a camera which captures the incident as my camera is only in front but it was switched off. Although the driver did eventually stop, I do not think he would have done so. He was smoking when he stopped his vehicle.

Sketch Plan #5 Pg. 1





Report No. T/20181101/7000

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

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Informant: Signature Of Officer Recording The Report: The identity of the person making this report has Not applicable been authenticated by SingPass. No signature is required. Date/Time: Signature Of Interpreter: 01/11/2018 02:58 Not applicable Classification Of Case: Officer in Charge Of Case: TP / TPIB / ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079