MSME18148385 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME 16/11/2018 11 02 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.

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.

CONTRACTOR STATE	ACCIDENT STATEMENT	E E
Date Of Report	16/11/2018 11:02	
Date Of Accident	15/11/2018 07:25	
Exact Location Of Accident	TPE (CHANGI) NEAR TAMPINES AVE 10 EXIT	
Country/State of Loss	SINGAPORE	

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLC2750Y	
Insured/Policyholder		

Name Of Registered Owner LEE CAI YUN
NRIC No S8407537Z
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-98273727

Alternative Phone No OFFICE-98273727

Vehicle Particulars

Manufacturer BMW Model 4281

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?

If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number SI18V05066/VPC/R01

Cover Note Number

Driver

 Name of Driver
 LEE CAI YUN

 NRIC No
 \$8407537Z

 Date Of Birth
 15/03/1984

 Occupation
 INDOOR

 Date Of Driving Pass
 23/08/2005

Driving Experience 13 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98273727

Fax Number

Contact Number OFFICE-98273727

EMail Address NOEMAIL

Address

BLK 259B PUNGGOL FIELD #11-41

Postcode

822259

OWNER

Was driver an employee of the Insured's Company NO

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

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

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NAME:

: CHEN ZHI WEI

GENDER:

: MALE

Passenger 2

NAME:

: CHEN REN QIAN

GENDER:

: MALE

Passenger 3

NAME:

: LORETA ENRIQUEV DELOS SANTOS

GENDER:

: FEMALE

**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/20181116/7000.

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

YP6029Z

Vehicle Make/Model/Colour

**Details Of Properties** 

VEHICLE B

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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. 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
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary evestigations 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) attrainistering 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/faw firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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
- (a) 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:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NAIC/FIN No

ALLEND SHIJIMINING VA

NEW HOOK TECK

# Sketch Plan #2 Pg. 1

SKETCH PLAN		
		4-21C2760X
		B 4P60292
8/10		
I A		5.00 ID
	THE Towards	Tampines AVV
h 4	A 1	
DOMAL DED OF		
Kelta hours La	lay no: 7 2018 1116 7008	
		1,
DECLARATION  /We declare the foregoing particulars a	are true in every respect.	
		11
10		16/11/18 & 10.25 AM
Policyholder's Signature Date & Time:	Oriver Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
TOTAL OF THE	Date & Time:	NRIC/FIN No

## Sketch Plan #3 Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No T/20181116/7000

REPURI	OF A	RAFFIC	ACCIDENT
D-1-/T			- 1

	ate/Time Report Made: 5/11/2018 00:01		Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars			
Name of LEE CAI	Informant: YUN		Address: APT BLK 259B PUNGGOL F 822259	IELD #11-41 SINGAPORE	
ID Type / ID No.: NRIC NO / S8407537Z		37Z	Contact No.: Home/Office: Mobile: 98273727		
Nationalit SINGAPO	# . · ·	EN	Email: caiyun84@hotmail.com		
Sex: Female	Age:	Date of Birth: 15/03/1984	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Administration manager		ager	Driving Licence Information: Class: Date of Expiry:		

General Infor	mation of the Accide	nt			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/11/2018 07:25	Type of Location: Straight Road	
Location:					
TAMPINES E	XPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis Between Mov	ion: ing Vehicles - Side Sv	vipe - Same Direction		Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SLC2750Y	Car					3

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

## Sketch Plan #4 Pg. 1



T/20181116/7000

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181116/7000

#### CONTINUATION OF REPORT

Driver						
Name	LEE CAI YUN			ID No	,	S8407537Z
Related Vehicle	SLC2750Y (Car)		Conta	ct No.	98273727	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

#### Brief Details.

I WAS DRIVING MY VEHICLE SLC2750Y ALONG TPE(CHANGI) NEAR TAMPINES AVE 10 EXIT AT 3RD LANE OF 4 LANES.

SUDDENLY I FELT AN IMPACT, VEHICLE B (YP6029Z) ENCROACHED INTO MY LANE AND COLLIDED ONTO MY VEHICLE SLC2750Y FRONT LH PORTION AND CAUSED DAMAGES.

AFTER THE INCIDENT, I KEEP HORN VEHICLE B (YP6029Z) TO ALERT HIM TO STOPPED UNFORTUNATELY HIS DID NOT STOPPED AND DROVE AWAY.

PLEASE CONTACT ME FOR A VIDEO OF THE INCIDENT AS I AM UNABLE TO UPLOAD.

## Sketch Plan #5 Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20181116/7000

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 / ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079

Authentication Stamp

Signature Of Informant:

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

Date/Time: 16/11/2018 00:01

Classification Of Case:

# > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

7537Z

Vehicle Details

Vehicle No.:

SLC2750Y

Vehicle to be Exported:

No

Intended Deregistration Date:

15 Nov 2018

Vehicle Make:

B.M.W.

Vehicle Model:

428I GRAN COUPE A/T SR

HID NAV HUD

Primary Colour:

White

Manufacturing Year:

2016

Engine No.: Chassis No.: B2321385N20B20A WBA4A52070G548560

Maximum Power Output:

180.0 kW (241 bhp)

Open Market Value:

\$43,866.00

Original Registration Date:

09 May 2016

First Registration Date:

09 May 2016

Transfer Count:

0

Actual ARF Paid:

\$53,413.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

08 May 2026

PARF Rebate Amount:

\$40,059.00

Intended COE Rebate Details

COE Expiry Date:

08 May 2026

COE Category:

B - Car above 1600cc or 97kW

(130bhp)

COE Period(Years):

10

QP Paid: COE Rebate Amount: \$47,000.00

Total Rebate Amount:

\$35,155.00

lotal Rebate Allloult.

\$75,214.00

The information contained herein is correct as at 15 Nov 2018

OK