MSME18165832 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 26/12/2018 16:24 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.

ACCII	DENT	STAT	ΓEΝ	IEN I
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26/12/2018 16:24 Date Of Report 24/12/2018 16:25 Date Of Accident

TRAFFIC JUNCTION BETWEEN AIRPORT RD & EUNOS LINK **Exact Location Of Accident**

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SKX8292P Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner WAYAUTO TRADING

46470800A Co Reg No NOEMAIL Email Address

Mobile Phone No

Alternative Phone No OFFICE-94508713

Vehicle Particulars

HONDA Manufacturer Model FREED

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 PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 50942266753-01

Cover Note Number

Driver

TAN BOON HAN Name of Driver

NRIC No S1420826G Date Of Birth 22/10/1960 **INDOOR** Occupation Date Of Driving Pass 12/02/1980

38 YEARS AND 10 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-91957301 Mobile Number

Fax Number

Contact Number

NOFMAIL **EMail Address**

Address BLK 3 QUEEN'S ROAD #08-149

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 (including own vehicle) 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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : DUONG THI DIEP

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name JOO CHIAT NEIGHBOURHOOD POLICE POST

2

NO

NO

YES

NO

2

Police Station Address ROAD: 267 ONAN ROAD, POSTCODE: 424773, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-3459999 - FAX NO: 64474181

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20181225/2052.

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

GBB5390G Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LEONG PEGGY NRIC/Passport Number S9027628Z

Contact Number

Address Postcode Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 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:
 - 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

for complying with requirements under any regulations, laws or court orders.

WAYAUTO TRADITION

Wholeer's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

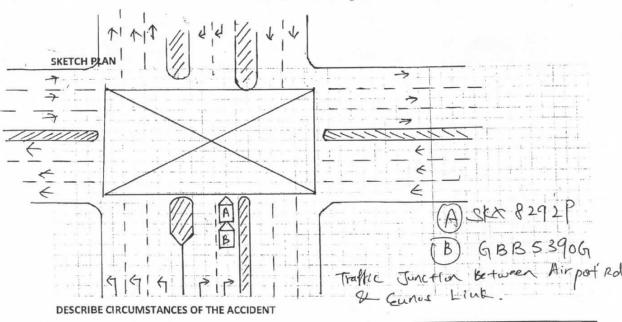
26/12/18

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

PRECISE

Sketch Plan #2 Pg. 1



	D1: 0	1 d. b.P.	h		
	Police Repor	t please kert	er Report 1	101	
	T/201813	t please keft	(
VERA LA SER	AUTO				

DECLARATION

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

Policyholder's Signature Sate & Time:

Driver's Signature

(If driver is not the policyholder) 26/12/18

Reporting Centre Personnel's Signature

NRIC/FIN No .:

VAJ 11:01 UEM 0107 71/07

Sketch Plan #3 Pg. 1





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999 . 1 of 3 Report No. T/20181225/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2018 14:28		lade:	Vide Report No.:	Station Diary No.: 13
Informar	nt's Partici	ulars		and a set of the set o
The second second second	Informant:		Address:	
TAN BO	ONHAN		APT BLK 3 QUEEN'S RO	OAD #08-149 SINGAPORE 260003
ID Type / NRIC NO	/ ID No.:) / S142082	26G	Contact No.: Home/Office:	Mobile: 91957301
Nationali SINGAP	ty: ORE CITIZ	EN	Email:	(8)
Sex: Male	Age: 58	Date of Birth: 22/10/1960	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:			Date/Time of Accident: 24/12/2018 16:25	Type of Location Straight Road
Weather:		Road Surface:		Road Speed Limit:
Clear		1 1 2 1 V		
Clear Traffic Flow: One Way		Traffic Control: Traffic Light - Wor	king	Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB5390G	Van				No Damage	0
SKX8292P	Car				Slightly Damaged	1

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

Sketch Plan #4 Pg. 1





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

Report No. T/20181225/2052

CONTINUATION OF REPORT

Driver	a transmission of the second					0.1.1000000
Name	TAN BOON HAN			ID No.		S1420826G
Related Vehicle	NIL			Contact No.		91957301
Hospital/Clinic	NIL			Driving Dicence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc					
No. of Days granted Medical Leave NIL Dec			Degree of	Degree of Injury NIL		
Driver	Carrier in a pleasant in the con-	Alternative And	arc Avioleticity in a	La trace	James N	of Signer with the end of a
Name	LEONG PEGGY		ID No		S9027628Z	
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	NIL		Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Dis				NIL	
No. of Days gran	nted Medical Leave	NIL	Degree o	of Injury	NIL	

Brief Details.

On 24/12/2018 at about 1625hrs, I was driving along Airport road on the extreme right lane with my wife seated at the rear left seat. I came to a complete stop at the junction of Airport Road and Eunos Link as the traffic light turned red and I was intending to make a right turn into Eunos Link.

Seconds before the traffic light turned green, I felt a bang coming from the rear of my car. I alighted and discovered a dark blue van had collided into the rear of my car. I then approached the driver who was a Chinese lady in her late 20s. Lady driver did not bother to alight her vehicle however provided her particulars when I requested it from her. I then informed her that I will be lodging a traffic accident report and she acknowledged. Subsequently I walked around both of our vehicles to take photos for future reference. My car sustained a dent and scratches on the rear end of my car however I am not sure the cost of the damage.

She had no passengers in her vehicle and did not seem to be injured. My wife and I was not injured.

I am lodging this report for insurance purpose.

Sketch Plan #5 Pg. 1







3 of 3 Report No. T/20181225/2052

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 /
Sgt 2 AMSYAR HAKIM BIN AHMAD JAMAL

Signature Of Interpreter:
Not applicable

Date/Time:
25/12/2018 14:28

Classification Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168