

MSME19002544 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 07/01/2019 13:54  
 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 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	07/01/2019 13:54
Date Of Accident	05/01/2019 09:30
Exact Location Of Accident	PUNGGOL CENTRAL & EDGEFIELD PLAINS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA2341H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AN FOO TRANSPORT SERVICE
Co Reg No	53331459C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94249199
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	ROSA
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5088699080-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	LAIN ENG HUAT
NRIC No	S1511651Z
Date Of Birth	02/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92272823
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 550 BEDOK NORTH AVE 1 #05-514  
 Postcode 460550  
 Was driver an employee of the Insured's Company YES  
 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 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 2  
 Was any body injured in the Accident? NO  
 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) 2  
 Passenger 1  
 NAME: : STEVEN LIM  
 GENDER: : MALE

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address **ROAD:** 30 BEDOK NORTH ROAD , **POSTCODE:** 469676 , **COUNTRY:** SINGAPORE  
 Police Station Contact **TEL NO:** 1800-2449999 - **FAX NO:** 62447258  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

REFER TO POLICE REPORT: T/20190105/2087.

**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 SKW4953Y  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

#### SKETCH PLAN

#### 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. 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:
  - (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:

7/1/19

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

*[Handwritten signatures]*

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

*NEW HOOD T&C*



## Sketch Plan #3 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190105/2087

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3

Report No. T/20190105/2087

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2019 15:15	Vide Report No.:	Station Diary No.: 31
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: LAIN ENG HUAT			Address: APT BLK 550 BEDOK NORTH AVENUE 1 #05-514 SINGAPORE 460550		
ID Type / ID No.: NRIC NO / S1511651Z			Contact No.: Home/Office:                      Mobile: 92272823		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 02/12/1961	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Bus driver			Driving Licence Information: Class: 3,4		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/01/2019 09:30	Type of Location: X-Junction
Location: Along Road 1 PUNGGOL CENTRAL EDGEFIELD PLAINS Opposite SPC, near L/P 35 Lamp Post Number: 35				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA2341H	Bus/Coach/Mi nibus (School Children)	MITSUBISHI		White	Seriously Damaged	1
SKW4953Y	Car	MAZDA		Red	Seriously Damaged	0

## Sketch Plan #4 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190105/2087

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3

Report No. T/20190105/2087

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAIN ENG HUAT	ID No.	S1511651Z
Related Vehicle	PA2341H (Bus/Coach/Minibus (School Children))	Contact No.	92272823
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIAU YONG LIANG	ID No.	S8736126H
Related Vehicle	SKW4953Y (Car)	Contact No.	90023662
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 05/01/2019 at about 0930hrs, I was travelling on the right most lane out of 4 lanes, along Punggol Central towards Edgefield Plains. After checking that the oncoming traffic was clear, I proceeded to turn right towards Edgefield Plains. My vehicle was almost fully turned into Edgefield Plains, when suddenly I felt a huge impact. One vehicle had hit onto the whole rear left portion near my rear wheels. The huge impact caused my vehicle to lose control and it collided onto one of the traffic lights.

I wished to state that the said vehicle was travelling at a very fast speed and due to that, it has caused serious damages to my vehicle. I felt dizzy after the impact however I don't intend to go to the doctor. I called ambulance as the car driver was in pain and shortly after, ambulance and traffic police arrived vide F/20190105/0094. The driver was then conveyed by the ambulance.

Sketch Plan #5 Pg. 1



SINGAPORE POLICE FORCE



T/20190105/2087

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 3

Report No. T/20190105/2087

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 / Sr Staff Sgt AHMAD ZAHID BIN JASNI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/01/2019 15:15
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt YUS MANSUR HAZALI Contact No.: 65474885 	Classification Of Case: 
Authentication Stamp NP168  	