

MSME19020057 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 13/02/2019 12:21
SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 13/02/2019 12:26

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	13/02/2019 12:21
Date Of Accident	04/02/2019 10:15
Exact Location Of Accident	SENTOSA GATEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN8976A
Insured/Policyholder	
Name Of Registered Owner	TRUE DRIVE
Co Reg No	53341353B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91099266

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MR000977-R00
Cover Note Number	

Driver

Name of Driver	CHARLES LEE BOON KENG
NRIC No	S7233504Z
Date Of Birth	11/09/1972
Occupation	INDOOR
Date Of Driving Pass	16/03/1993
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91099266
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 141 SERANGOON NORTH AVE 2 #10-02
Postcode 550141
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER --
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? YES
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) 7
Passenger 1
NAME: : UNKNOWN
GENDER: : MALE
Passenger 2
NAME: : UNKNOWN
GENDER: : MALE
Passenger 3
NAME: : UNKNOWN
GENDER: : MALE
Passenger 4
NAME: : UNKNOWN
GENDER: : FEMALE
Passenger 5
NAME: : UNKNOWN
GENDER: : FEMALE
Passenger 6
NAME: : UNKNOWN
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name WOODLANDS WEST N.P.C
Police Station Address ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20190204/2179

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 SHD4373G
Vehicle Make/Model/Colour
Details Of Properties VEHICLE B
Vehicle Category TAXI
Name of Driver LEE BOON TIANG
NRIC/Passport Number S2000737J
Contact Number 96392181
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHARLES LEE BOON KENG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SGN8976A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may cause insurance companies to repudiate policy liability.
4. The use and completion of this form by insurance companies is not an admission of policy liability on the part of the insurance company.
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 completion 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 competent Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes:
 - 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. Insurers, 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 Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
 - ii. to law enforcement and government agencies as reasonably required for the purposes stated; or
 - iii. to complying with requirements under any regulations, laws or court orders.



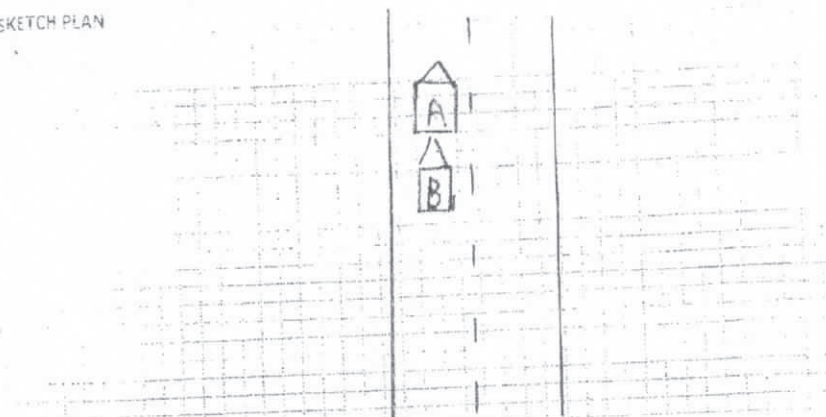
Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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

LEADER AUTO

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See police Report

DECLARATION

We declare the foregoing particulars are true in every respect.

Driver's Signature
(If driver is not the policyholder)
Date & Time:Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190204/2179

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20190204/2179

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2019 23.46	Vide Report No.:	Station Diary No.: 225
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Informant's Particulars

Name of Informant: CHARLES LEE BOON KENG	Address: APT BLK 141 SERANGOON NORTH AVENUE 2 #10-02 SINGAPORE 550141		
ID Type / ID No. NRIC NO / S7233504Z	Contact No.:	Mobile: 91099266	
Nationality: SINGAPORE CITIZEN	Home/Office:		
Sex: Male	Age: 46	Date of Birth: 11/09/1972	Email:
Race: Chinese	Type of Informant: Driver		Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				Type of Location: Straight Road
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/02/2019 10:15	
Location: Along Road 1 SENTOSA GATEWAY				
RESORT WORLD SENTOSA, BASEMENT DROP OFF POINT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCN8878A	Car	TOYOTA	WISH	Grey	Slightly Damaged	6
SHD4373G	Car	HYUNDAI	SONATA	Black	Slightly Damaged	0

Details of Person Involved

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

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190204/2179

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Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20190204/2179

CONTINUATION OF REPORT

Driver			
Name	CHARLES LEE BOON KENG	ID No.	S7233504Z
Related Vehicle	SGN8976A (Car)	Contact No.	91099266
Hospital/Clinic	CARE4LIFE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/02/2019	Date Discharge	04/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEE BOON TIANG	ID No.	S2000737J
Related Vehicle	SHD4373G (Car)	Contact No.	96392181
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 04/02/2019 at about 1015hrs, I was driving my rental vehicle SGN8967A with 6 passengers on board. I am to drop them off at Resort World Sentosa Casino Drop-off point at the basement. The traffic was heavy at that point of time as most of the vehicles are awaiting for their turn to drop off their passengers. I was stationary, awaiting for my turn and I felt an impact from the rear. I alighted and made a check and discovered one Comfor Delgro taxi SHD4373G had collided with my car. The impact has caused cracks and dents to the rear bumper of my vehicle. The side brackets were also cracked.

I made a check on my passengers however, none of them were injured. I felt some pain at my back and decided to consult a doctor at Care4Life Medical Clinic and I was given 3 days MC from 04/02/19 till 06/02/19. There is only a front view camera in my vehicle.

Sketch Plan #5 Pg. 1

SINGAPORE
POLICE FORCE

T/20190204/2179

3 of 3

Report No. T/20190204/2179

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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:
L/ Staff Sgt NUR HAZIMAH BINTE ZAINUDDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No: 65476151

Authentication Stamp
NP:68

Signature Of Informant:

Date/Time:
04/02/2019 23:46

Classification Of Case: