

MSME19042217 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 01/04/2019 16:22
SUBMITTED BY: Chia Pai 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	01/04/2019 16:22
Date Of Accident	30/03/2019 11:45
Exact Location Of Accident	LOWER DELTA RD / LOWER DELTA FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBN1222Y
Insured/Policyholder	
Name Of Registered Owner	ANG SENG LEONG
NRIC No	S7408622E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96922220
Alternative Phone No	OFFICE-96922220

Vehicle Particulars

Manufacturer	LEXUS
Model	RX350
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA385660
Cover Note Number	

Driver

Name of Driver	ANG SENG LEONG
NRIC No	S7408622E
Date Of Birth	22/03/1974
Occupation	INDOOR
Date Of Driving Pass	26/03/1996
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96922220
Fax Number	
Contact Number	OFFICE-96922220
EEmail Address	NOEMAIL

Address	BLK 402 BEDOK NORTH AVE 3 #08-253
Postcode	460402
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 (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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , 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/20190330/2104.

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	SDZ7718H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	RACHEL KAN EN QI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1


Name	ANG SENG LEONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SBN1222Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	


Sketch Plan Pg. 1

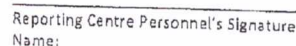
SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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 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:

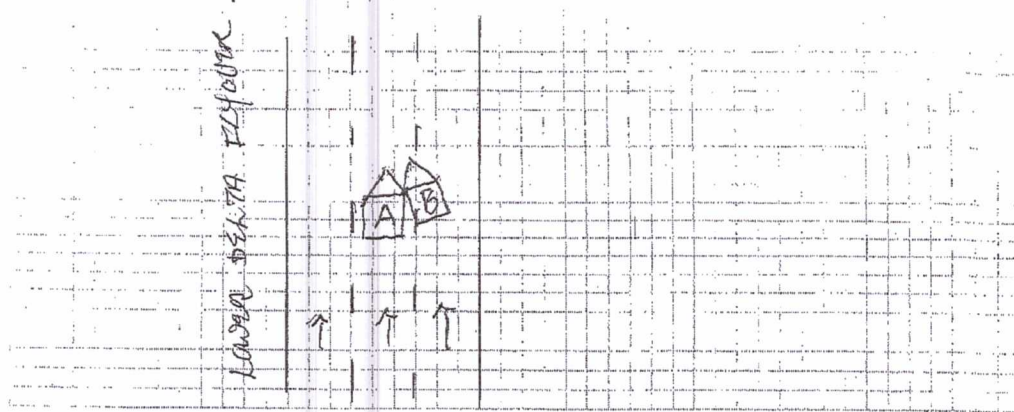

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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

CAS GARAGE

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT
NUMBER 8/20190330/2104

DECLARATION

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

Policyholder's Signature
Date & Time:

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/20190330/2104

1 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20190330/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2019 15:43		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: ANG SENG LEONG			Address: APT BLK 402 BEDOK NORTH AVENUE 3 #08-253 SINGAPORE 460402		
ID Type / ID No.: NRIC NO / S7408622E			Contact No.: Home/Office: Mobile: 96922220		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 22/03/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/03/2019 11:45	Type of Location: Flyover
Location: Along Road 1 LOWER DELTA ROAD ALONG LOWER DELTA ROAD. LOWER DELTA FLYOVER				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SBN1222Y	Car	TOYOTA	LEXUS RX350	White	Seriously Damaged	0
SDZ7718H	Car	NISSAN	QASHQAI 1.2 DIG-T CVT	Brown	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20190330/2104

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Report No. T/20190330/2104

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SBN1222Y	AXA INSURANCE SINGAPORE PTE LTD	GA385660	27/08/2018	26/08/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG SENG LEONG	ID No.	S7408622E
Related Vehicle	SBN1222Y (Car)	Contact No.	96922220
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	30/03/2019	Date Discharge	30/03/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Driver			
Name	RACHEL KAN EN QI	ID No.	NIL
Related Vehicle	SDZ7718H (Car)	Contact No.	NIL
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 30/03/2019 at about 1146hrs, I was driving my white in color Toyota lexus RX350 (SBN1222Y) on the second lane along Lower Delta Road on the Lower Delta Flyover. While driving, a brown in color Nissan Qashqai (SDZ7718H) on my right drove closer towards the right side of my car before colliding. The said car then quickly returned to it's lane and attempted to speed off, but I managed to follow the said car along Lower Delta Road and told the passenger to stop. The passenger acknowledged me but pointed ahead. I then followed his car to B/118A Jalan Membina where I called for an ambulance. Shortly after, an ambulance and Traffic Police officers arrived. I refused to be conveyed to the hospital. I received the passenger's contact number (Mr Kan HP: 96690695) and was advised to lodge an accident report by the Traffic Police officers if my MC was of 3 days or more.

Afterwards, I went over to Intemedical 24 Hr Clinic and received 5 days of MC due to back ache.

Sketch Plan #5 Pg. 1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20190330/2104

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Report No. T/20190330/2104

CONTINUATION OF REPORT

Sketch Plan #6 Pg. 1

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20190330/2104

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Report No. T/20190330/2104

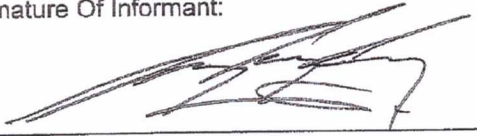
CONTINUATION OF REPORT

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 SYED OTHMAN BIN SYED AGIL BIN YAHYA
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT /
Contact No.:

Signature Of Informant: 
Date/Time: 30/03/2019 15:43
Classification Of Case:

Authentication Stamp
NP168



Accident Sketch Plan Pg. 1

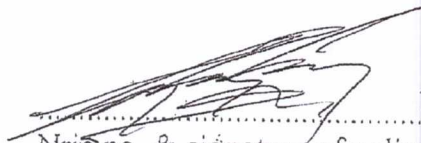
LETTER OF UNDERTAKING

I/We, ANN SENG LEAN, the owner of vehicle no. SDN 12224

My/Our Insurance is under M/s AXA Insurance Pte Ltd , I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, CAS GARAGE PTE LTD

Signed and Acknowledge by:



3408/222

Nric no. & signature of policyholder

Company stamp

Date