

MSME19047790 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 12/04/2019 14:26
SUBMITTED BY: Wen Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 12/04/2019 14:46

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	12/04/2019 14:26
Date Of Accident	07/04/2019 16:45
Exact Location Of Accident	ALONG TAMPINES ROAD & HOUGANG AVE 7 (TRAFFIC JUNC)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA7901T
Insured/Policyholder	
Name Of Registered Owner	UNAG LOGISTICS PTE LTD
Co Reg No	201601737W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65701090

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092970589-01
Cover Note Number	

Driver

Name of Driver	FOO WEI KANG
NRIC No	S9413058A
Date Of Birth	15/04/1994
Occupation	INDOOR
Date Of Driving Pass	03/08/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96181988
Fax Number	
Contact Number	
EMail Address	WEIKANG.FOO@UNAG.COM.SG

Address BLK 577 HOUGANG AVE 4 #10-658
 Postcode 530577
 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 CHAIN COLLISION
 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 4
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 Was any other material or property damaged? NO
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2
 Passenger 1
 NAME: : SOH ZE JIANG
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT NO.T/20190408/2106.

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 SKS6915R
 Vehicle Make/Model/Colour
 Details Of Properties VEH 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)

5

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Passenger 3

NAME: :

GENDER: :

Passenger 4

NAME: :

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHC3603E

Vehicle Make/Model/Colour

Details Of Properties

VEH B

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SHD9798G

Vehicle Make/Model/Colour

Details Of Properties

VEH C

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

FOO WEI KANG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKA7901T

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

SOH ZE JIANG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKA7901T

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

Accident Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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:

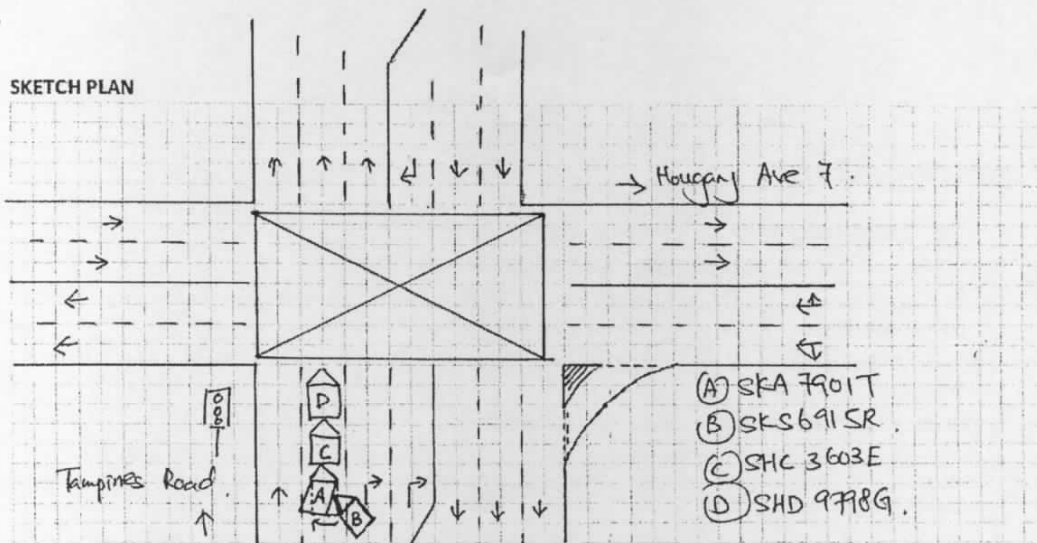


Driver's Signature
(If driver is not the policyholder)
Date & Time.

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

Freuse

Accident Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement Please Refer To Police Report No:
T/20190408/2106.

DECLARATION

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

Policyholder's Signature
Date & Time:

12/4/19



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

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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190408/2106

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Report No. T/20190408/2106

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2019 14:25	Vide Report No.:	Station Diary No.: 65
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Informant's Particulars

Name of Informant: FOO WEI KANG			Address: APT BLK 577 HOUGANG AVENUE 4 #10-658 SINGAPORE 530577	
ID Type / ID No.: NRIC NO / S9413058A			Contact No.: Home/Office:	Mobile: 96181988
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 24	Date of Birth: 15/04/1994	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Logistic Manager			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/04/2019 16:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TAMPINES ROAD HOUGANG AVENUE 7 Traffic Light Junction of road 1 and road 2.				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle	Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3603E	Car				Slightly Damaged	1
SHD9798G	Car				Slightly Damaged	1
SKA7901T	Car				Seriously Damaged	1
SKS6915R	Car				Slightly Damaged	4

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190408/2106

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190408/2106

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	SOH ZE JIANG	ID No.	S9426412Z
Related Vehicle	SKA7901T (Car)	Contact No.	92370511
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/04/2019	Date Discharge	07/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	FOO WEI KANG	ID No.	S9413058A
Related Vehicle	SKA7901T (Car)	Contact No.	96181988
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/04/2019	Date Discharge	07/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	LIM JIT TING	ID No.	S2570000G
Related Vehicle	SKS6915R (Car)	Contact No.	96975603
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 07/04/2019 at about 1630hrs, I was driving my vehicle bearing registration plate number SKA7901T along Tampines Road. I then came to a stop at a traffic light junction of Tampines Road and Hougang Avenue 7. I noticed that in front of me there is 2 taxi bearing registration plate number SHC3603E and followed by SHD9798G.

Suddenly, I felt a heavy impact from the rear of my vehicle and the impact was so great that caused my vehicle to moved forward. I then discovered that another vehicle bearing registration plate number SKS6915R from my rear had collided with my vehicle rear portion and caused my vehicle to collide with

Accident Sketch Plan Pg. 1

**SINGAPORE
POLICE FORCE**

T/20190408/2106

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Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20190408/2106

CONTINUATION OF REPORT

SHC3603E rear portion. The collision then caused vehicle SHC3603E to moved forward and collide with another vehicle SHD9798G.

After which, we stopped our vehicle and came out of all of our vehicles to make a check and discovered that we are all involved in a chain collision traffic accident. The driver of SKS6915R then called for police and ambulance assistance. While waiting for police and ambulance arrival, all of us exchange our particulars and took photos of the accident.

I noticed that I have sustained abrasions on my right upper arm, minor scratch on my stomach area and minor scratches on my head centre portion. My passenger namely Soh Ze Jiang suffered abrasion on his right hip area, left wrist area and I do not recall all the drivers and passengers injuries. My vehicle sustained serious dents and scratches on my rear right portion and dent and scratches on my vehicle front portion. Vehicle SKS6915R sustained dent and scratches on his front left portion and SHC3603E sustained dent and scratches on his rear bumper and boot area and his vehicle front dent and scratches. Vehicle SHD9798G sustained minor dent and scratch on his rear bumper.

Ambulance and traffic police then arrived at scene and conveyed me and my passenger to Sengkang General Hospital. I and my passenger was then issued with 3 days medical leave from 08/04/2019 to 10/04/2019. I only recall that 2 passengers of vehicle SKS3603E was conveyed to the hospital too but however I do not have their particulars.

My vehicle does not have any in-vehicle CCTV.

Accident Sketch Plan Pg. 1

**SINGAPORE
POLICE FORCE**

T/20190408/2106

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190408/2106

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:

F /

Sgt 2 TAI YOONG CHAN, DOMINIQUE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/04/2019 14:25

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Classification Of Case:

Authentication Stamp

NP168



Signature

Singapore Police Force