

MSME19048098 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 13/04/2019 10:43
SUBMITTED BY: Wen 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	13/04/2019 10:43
Date Of Accident	12/04/2019 10:00
Exact Location Of Accident	BUKIT TIMAH ROAD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SK8888U
Insured/Policyholder	
Name Of Registered Owner	TAN SOO KHOON
NRIC No	S0157517A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96391088
Alternative Phone No	OFFICE-96391088

Vehicle Particulars

Manufacturer	AUDI
Model	A4

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	GA291553/1
Cover Note Number	

Driver

Name of Driver	TAN SOO KHOON
NRIC No	S0157517A
Date Of Birth	01/09/1949
Occupation	INDOOR
Date Of Driving Pass	02/05/1968
Driving Experience	50 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96391088
Fax Number	
Contact Number	OFFICE-96391088
Email Address	NOEMAIL

Address 16 FIRST AVE
 Postcode 1026
 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 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TRAFFIC POLICE DIVISION HQ
 Police Station Address **ROAD:** 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY:** SINGAPORE
 Police Station Contact **TEL NO:** 65470000 - **FAX NO:**
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT NO.T/20190412/7010.

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 YP768M
 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)

DETAILS OF INJURED PERSON 1

Name	TAN SOO KHOON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SK8888U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

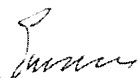
Accident Sketch Plan Pg. 1

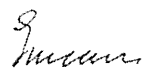
SKETCH PLANIMPORTANT NOTICE

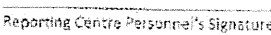
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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.

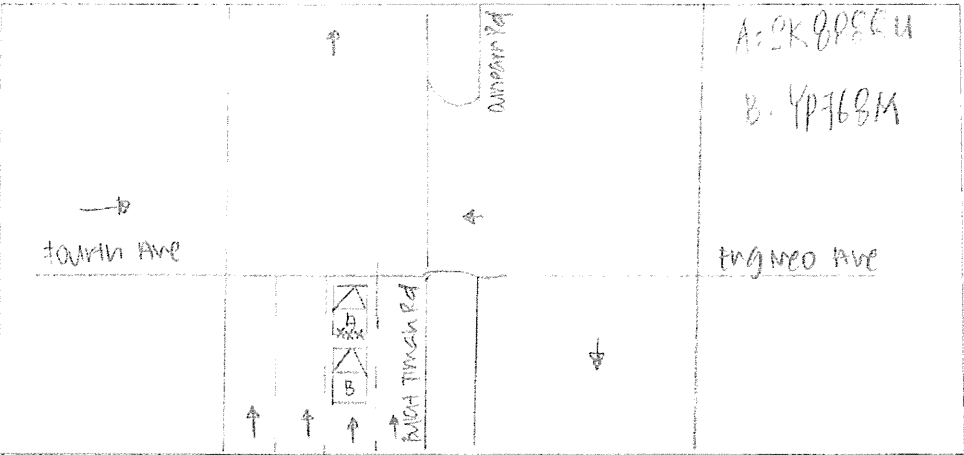

 Policyholder's Signature
 Date & Time:


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


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

Accident Sketch Plan Pg. 1

SKETCH PLAN

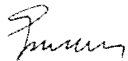


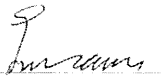
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

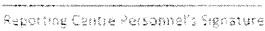
PLEASE REFER TO POLICE REPORT. T/20190412/7010

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.:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190412/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190412/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2019 16:29	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN SOO KHOON			Address: 16 FIRST AVENUE SINGAPORE 268751		
ID Type / ID No.: NRIC NO / S0157517A			Contact No.: Home/Office: Mobile: 96391088		
Nationality: SINGAPORE CITIZEN			Email: sktan@crystaltime.com.sg		
Sex: Male	Age: 69	Date of Birth: 01/09/1949	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/04/2019 10:00	Type of Location: X-Junction
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SK888U	Car	AUDI	A4 1.4 TFSI S TRONIC	Blue		0
YP768M	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SK888U	AXA INSURANCE SINGAPORE PTE LTD	GA291553	16/11/2018	15/11/2019

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190412/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190412/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN SOO KHOON	ID No.	S0157517A
Related Vehicle	SK8888U (Car)	Contact No.	96391088
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/04/2019	Date Discharge	12/04/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the stated time and date, I (SK8888U) was travelling straight along Bukit Timah Road on the second lane from the right out of four lanes.
When the traffic light turned amber, i slowed down and come to a stop.
About 3-5 seconds later, I felt a strong impact from the rear. Vehicle B (YP768M) hit on the rear portion of my vehicle and cause damages.
I felt discomfort along my chest area and was conveyed by an ambulance to Ng Teng Fong Hospital.

Accident Sketch Plan Pg. 1

**SINGAPORE
POLICE FORCE**

T/20190412/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190412/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAN CHIN YONG
Contact No.: 65476178

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
12/04/2019 16:29

Classification Of Case:

Accident Sketch Plan Pg. 1

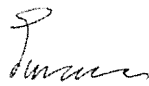
LETTER OF UNDERTAKING

I/We, Tan Joo Moon, the owner of vehicle no. SK88884

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, NEW HOCK TECK MOTOR PTE LTD.

Signed and Acknowledge by:



.....
Nric no. & signature of policyholder

.....
Company stamp

.....
Date