

MSME19074400 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 07/06/2019 16:32  
 SUBMITTED BY: Chia Pei Ying

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.**
- 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.
- 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 for resale.

### ACCIDENT STATEMENT

Date Of Report	07/06/2019 16:32
Date Of Accident	06/06/2019 15:10
Exact Location Of Accident	CTE TWDS TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME2563Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEE CHOR TAT BENJAMIN
NRIC No	S8511200G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98550072
Alternative Phone No	OFFICE-98550072
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	ELANTRA
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
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2198866
Cover Note Number	
<b>Driver</b>	
Name of Driver	SEE CHOR TAT BENJAMIN
NRIC No	S8511200G
Date Of Birth	20/04/1985
Occupation	INDOOR
Date Of Driving Pass	06/06/2006
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98550072
Fax Number	
Contact Number	OFFICE-98550072
Email Address	NOEMAIL

Address BLK 247 KIM KEAT LINK #03-33  
 Postcode 310247  
 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 -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -  
 -

**General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR  
 Weather Conditions RAINING  
 Road Surface WET

**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  
 Have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 3  
 Passenger 1 NAME: : UNKNOWN  
 GENDER: : FEMALE  
 Passenger 2 NAME: : UNKNOWN  
 GENDER: : MALE

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name PUNGGOL N.P.C  
 Police Station Address ROAD: 21A TEBING LANE , POSTCODE: 828837 , 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/20190606/2130.

**Attachment(s)**

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number FBK7141Z  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category MOTORCYCLE  
 Name of Driver TAILFORD RANDALL PATRICK

NRIC/Passport Number

Contact Number

93270475

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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:

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

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

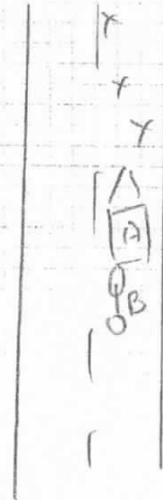
Sketch Plan #2 Pg. 1

SKETCH PLAN

(A) - SMC 2563 Z

(B) - FBK 7141 Z

CTE LOGS TPE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ref to police report.

DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time:

X

*[Signature]*  
 Driver's Signature  
 If different to vehicle registration:

Reporting Centre Personnel's Signature

## Sketch Plan #4 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190606/2130

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

1 of 4

Report No. T/20190606/2130

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/06/2019 16:20	Vide Report No.:	Station Diary No.: 47
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: SEE CHOR TAT, BENJAMIN		Address: APT BLK 247 KIM KEAT LINK #03-33 SINGAPORE 310247	
ID Type / ID No.: NRIC NO / S8511200G		Contact No.:	Mobile: 98550072
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 20/04/1985	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALES EXECUTIVE		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/06/2019 15:15	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards SLE (right before Jalan Kayu Exit)				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBK7141Z	Motorcycle					0
SME2563Z	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Red	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME2563Z	AXA INSURANCE SINGAPORE PTE LTD	P2198866	25/09/2018	24/09/2019

## Sketch Plan #5 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190606/2130

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

2 of 4

Report No. T/20190606/2130

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEE CHOR TAT, BENJAMIN	ID No.	S8511200G
Related Vehicle	NIL	Contact No.	98550072
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
Rider			
Name	TAILFORD RANDALL PATRICK	ID No.	S9014969E
Related Vehicle	NIL	Contact No.	93270475
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 06/06/2019 at about 1515hrs, I was travelling with my wife and son in our car, SME2563Z. We were at the CTE towards SLE, driving at the first lane of the CTE tunnel. I was about to exit the tunnel when there was an accident happened right before the exit. There were cones placed in front of us to divert the traffic away from the accident scene. I then slowed down and stopped my vehicle to let others pass by. While still waiting behind the cones, I heard loud noise coming from the rear followed by another loud thud that came from the rear of my vehicle.

I then discovered that there was a motorcycle self skidded and his motorbike had hit onto the rear of my vehicle. Due to the impact, my vehicle sustained some scratches and dents at the rear of my vehicle. There were also some scratches on the left rear bumper.

None of my family members on board the vehicle sustain any injury. I then alighted from my vehicle and exchanged particulars with the rider. The traffic police officer who was attending the accident in front of us then came and took our particulars. The officer advised me to lodge an accident report. The rider had some abrasions on his right hand and legs. However, he refused to be conveyed. That is all.

Sketch Plan #6 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190606/2130

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

3 of 4

Report No. T/20190606/2130

CONTINUATION OF REPORT

Accident Sketch Plan Pg. 1



SINGAPORE POLICE FORCE



T/20190606/2130

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

4 of 4

Report No. T/20190606/2130

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 / Staff Sgt FARHAN BIN ABU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/06/2019 16:20
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:
Authentication Stamp NP168	