

MSME19078817 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 17/06/2019 16:16
SUBMITTED BY: Chia Pei 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	17/06/2019 16:16
Date Of Accident	16/06/2019 11:10
Exact Location Of Accident	BLK 404B FERNVALE LANE LOADING/ UNLOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW6560J
Insured/Policyholder	
Name Of Registered Owner	TAY LENG WHATT
NRIC No	S0488993B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96654252
Alternative Phone No	OFFICE-96654252

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.5 (A)
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100436690-03
Cover Note Number	

Driver

Name of Driver	TAY LENG WHATT
NRIC No	S0488993B
Date Of Birth	18/12/1951
Occupation	INDOOR
Date Of Driving Pass	23/06/1970
Driving Experience	48 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96654252
Fax Number	
Contact Number	OFFICE-96654252
EEmail Address	NOEMAIL

Address BLK 301 TAMPINES ST 32 #08-14
Postcode 520301
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) 2
Passenger 1
NAME: : TAY LEE YEN
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20190616/2058.

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 GBD8482U
Vehicle Make/Model/Colour
Details Of Properties VEHICLE B
Vehicle Category COMMERCIAL VEHICLE
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

TAY LEE YEN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKW6560J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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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:

12/6/19 11:55am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

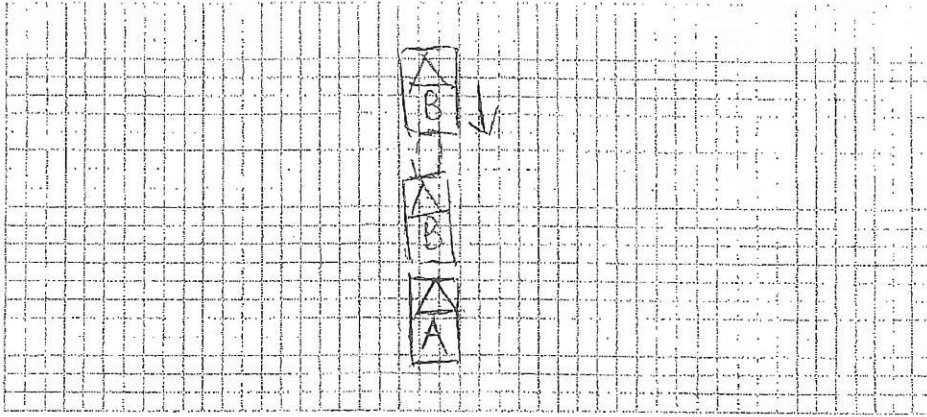
NRIC/FIN No.:

CLASSIC SKETCH PLAN 98

AF motor

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer police report No: T/20190616/2058

DECLARATION

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

Policyholder's Signature

Date & Time:

17/6/19 11:55am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GATEWAY SIGNATURE PAGE

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190616/2058

1 of 4

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20190616/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2019 15:20	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars			
Name of Informant: TAY LENG WHATT		Address: APT BLK 301 TAMPINES STREET 32 #08-14 SINGAPORE 520301	
ID Type / ID No.: NRIC NO / S0488993B		Contact No.: Home/Office: Mobile: 96654252	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 18/12/1951	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Self-employed		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/06/2019 11:10	Type of Location: Service Road
Location: FERNVALE LANE Blk 404B Fernvale Lane loading/unloading bay				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
GBD8482U	Van	SSANGYONG	ACTYON SPORTS D/CAB 2.0 5AT ABS D/AB 2WD	Brown		0
SKW6560J	Car	TOYOTA	CAMRY 2.5 AUTO	Grey		0

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190616/2058

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Police Station Of Origin:

Tampines North NPP

461 Tampines Street 44 #01-56 SINGAPORE

520461

Tel No: 1800-7818999

Report No. T/20190616/2058

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKW6560J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100436690-03	11/11/2018	10/11/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	JACKIE NG CHEE KANG		ID No.	NIL
Related Vehicle	GBD8482U (Van)		Contact No.	96530343
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
Driver				
Name	TAY LENG WHATT		ID No.	S0488993B
Related Vehicle	SKW6560J (Car)		Contact No.	96654252
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Passenger				
Name	TAY LEE YEN		ID No.	S8735300A
Related Vehicle	SKW6560J (Car)		Contact No.	96876203
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/06/2019		Date Discharge	16/06/2019
No. of Days granted Medical Leave	02		Degree of Injury	NIL

Sketch Plan #5 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20190616/2058

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20190616/2058

CONTINUATION OF REPORT**Brief Details.**

On 16/06/2019 at about 1110hrs, I wanted to drop-off my daughter namely Tay Lee Yen at Blk 404B Fernvale Lane. I parked my car (SKW6560J) at the loading/unloading bay as she wanted to unload somethings from the car boot. I alighted from my car to help unload the stuffs from the car boot.

Out of sudden, there was a vehicle (GBB8482U) reversing towards my car and hit on the front bumper of my car which resulted to damage. The strong impact also resulted my car to move backwards and hit on my daughter's right hand which caused internal injury. I was away when the accident occurred hence I was not injured.

I have in-car CCTV installed which captured the accident footage. I exchanged particulars with the driver.

I brought my daughter to the Sengkang General Hospital and she was given 2 days of outpatient sick leave from 16/06/2019 to 17/06/2019. The doctor informed she is required to go for the follow-up consultation.

Sketch Plan #6 Pg. 1

SINGAPORE
POLICE FORCE

T/20190616/2058

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Report No. T/20190616/2058

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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 3 MUHAMMAD ISA BIN MD RASHID

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

16/06/2019 15:20

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

SIGNATURE