MCHM19091863 / Cheng Hoe Motor Pte Ltd - Yishun
ENTRY DATE & TIME: 15/07/2019 10:23
SUBMITTED BY: DORLYN LI YAZHU

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 witholding 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	15/07/2019 10:23
Date Of Accident	13/07/2019 21:50
Exact Location Of Accident	ORCHARD ROAD INFRONT OF CENTREPOINT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCW1666R
Insured/Policyholder	
Name Of Registered Owner	THIAM BOON KWEE
NRIC No	S1696021G
Email Address	THIAMBK@FIBEROPTO.COM
Mobile Phone No	(LOCAL) +65-97579537
Alternative Phone No	OTHERS-97579537
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT110110
Cover Note Number	14/12/2018 - 13/12/2019
Driver	
Name of Driver	THIAM BOON KWEE
NRIC No	S1696021G
Date Of Birth	28/04/1965
Occupation	INDOOR
Date Of Driving Pass	27/05/1986
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97579537
Fax Number	
Contact Number	OTHERS-97579537
EMail Address	THIAMBK@FIBEROPTO.COM

Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : INDIAN PASSENGER GENDER: : FEMALE

Address	BLK 562 HOUGANG ST 51 #10-454
Postcode	530562
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 - CHANGE/CROSS LANE
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?	NO
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: : MADALINE HIA GENDER: : FEMALE

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

I WAS DRIVING ON LANE 2 OF ORCHARD RD WHEREBY I FELT A SUDDEN IMPACT ON MY CAR REAR LH PORTION, I THEN REALISED MOTOR TAXI SHD9886K HAD CROSSED OVER THE DOUBLE WHITE LINE AND COLLIDED ONTO MY BYPASS VEHICLE REAR LH PORTION. NO ONE WAS INJURED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9886K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SOH AH FONG
NRIC/Passport Number	S0193986F
Contact Number	91658317

SKETCH PLAN

VEHICLE NO.: SCW1666R
INSURER : TOKIO
DATE & TIME: 13/07/19 @ 2150

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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

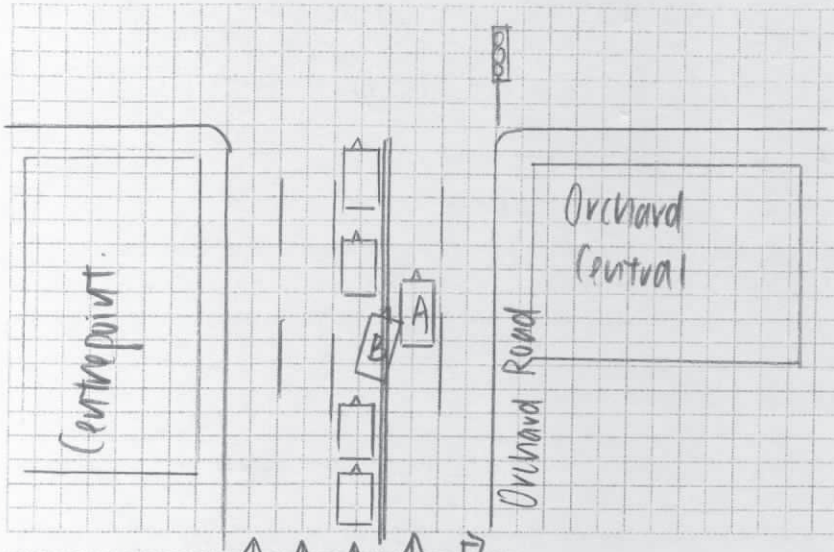
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 15/7/19 10:20

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/7/19 10:20

Reporting Centre Personnel's Signature
Name: DUNYA (AMK) 15/07/19
NRIC/FIN No.:

SKETCH PLAN



A: SCW1666R
(w/ 1 passenger: Madaline Hia - F)

B: SHD 9886K
(w/ 1 Indian female passenger) -
Soh Ah Fong
S0193986F
Hp: 91658317.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SCW1666R (Tokio)
Date & Time: 13/07/19 @ 2150 (clear day)

I was driving on lane 2 of Orchard Road when I felt a sudden impart on my car rear LH portion. I then realised Motor taxi SHD9886K had crossed over the double white line and collided onto my bypass vehicle rear LH portion. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time: 15/7/19 10:20

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/7/19 10:20

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

GIA/MC SketchPlanForm_V3 ( ) Claim Own Policy (✓) Claim Third Party ( ) Reporting Only
( ) Claim OD/TP at other workshop (_____)

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Annex E

NOTICE OF COMPLIANCE

This is to confirm that Thiam Boon Kwee,

NRIC/~~FIN~~ S1696021G, has reported to the Police a non-injury traffic accident

which occurred at along Orchard Road in front of Centrepoint

on 13/07/2019 at 10.05 pm involving the following vehicles:

- SCW1666R
- SHD9886K

2 If this accident was reported to the Police within 24 hours of its occurrence,

Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSgt Muhammad Sabril Amin

Date: 13/07/2019 Time: 2259hrs

S/D Ref: 60

Police Post/Unit: HOUGANG NPC
60 HOUGANG AVE 5
SINGAPORE 538775
TEL: 1800-4890999

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

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Version as of 15 Jan 2002