

MSME19108735 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 19/08/2019 16:15  
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	19/08/2019 16:15
Date Of Accident	17/08/2019 11:35
Exact Location Of Accident	ALONG CTE EXIT (BALESTIER)
Country/State of Loss	SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6671L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JASON LEE ZHENG DE
NRIC No	S8931686C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81029209
Alternative Phone No	OFFICE-81029209

## Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5107657273
Cover Note Number	

## Driver

Name of Driver	JASON LEE ZHENG DE
NRIC No	S8931686C
Date Of Birth	18/09/1989
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2013
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81029209
Fax Number	
Contact Number	OFFICE-81029209
Email Address	NOEMAIL

Address BLK 663A YISHUN AVE 4 #03-223  
Postcode 761663  
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) 4  
Passenger 1  
NAME: : TAY LAY LIAN  
GENDER: : FEMALE  
Passenger 2  
NAME: : LESLIE LEE ZHENG YI  
GENDER: : MALE  
Passenger 3  
NAME: : TAY LAY KHENG  
GENDER: : FEMALE

**Details of Police Action**

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE  
Police Station Address ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

**Circumstances of Accident**

REFER TO POLICE REPORT: T/20190818/2121.

**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 SKN6296U  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE B

Vehicle Category	PRIVATE CAR
Name of Driver	CHOW ZHENG YUAN
NRIC/Passport Number	S8560037J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	JASON LEE ZHENG DE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJM6671L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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:

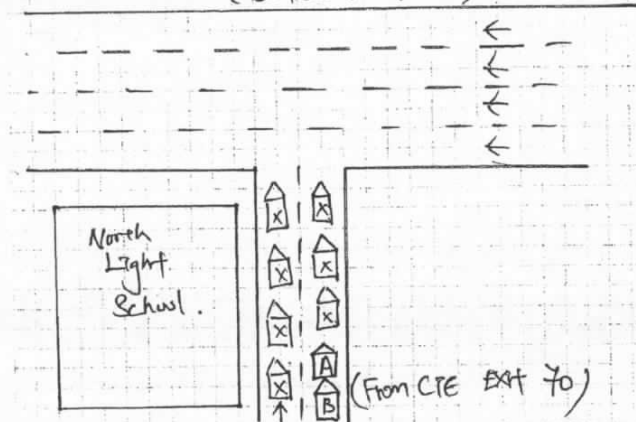
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Sketch Plan #2 Pg. 1

## SKETCH PLAN

(Balestier Road)



(A) SJM 6671L.

(B) SKN 6296U.


Along CTE Exit  
Balestier Rd.


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 17-08-2019 @ about 11:30am, I was driving my car (SJM 6671L) along CTE (Exit 70) Towards Balestier Road in right lane. with 3 passengers inside my car. My car was stationary due to the traffic jam ahead of my car. Suddenly I felt an impact from behind & I realized that Veh B (SKN 6296U) could not brake in time and collided rear portion of my car. Hence I hereto lodge this report to claim against Veh B's Insurance for my accident charges. Me & my 3 passengers will go to see doctor if feel any uncomfortable after this.

## 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.:

## Sketch Plan #3 Pg. 1


**SINGAPORE  
POLICE FORCE**


T/20190818/2121

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

1 of 3

Report No. T/20190818/2121

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2019 22:52		Vide Report No.:		Station Diary No.: 100
<b>Name of Informant:</b> JASON LEE ZHENG DE				
<b>Address:</b> APT BLK 663A YISHUN AVENUE 4 #03-223 SINGAPORE 761663				
<b>ID Type / ID No.:</b> NRIC NO / S8931686C		<b>Contact No.:</b> Home/Office: Mobile: 81029209		
<b>Nationality:</b> SINGAPORE CITIZEN		<b>Email:</b>		
<b>Sex:</b> Male	<b>Age:</b> 29	<b>Date of Birth:</b> 18/09/1989	<b>Type of Informant:</b> Driver	
<b>Race:</b> Chinese		<b>Language:</b>	<b>Institution / School Name:</b>	
<b>Occupation:</b> CAR POLISHER		<b>Driving Licence Information:</b> Class: 3 Date of Expiry:		

## General Information of the Accident

<b>Type of Accident:</b>	<b>Injury Others</b>	<b>Drink Drive:</b> No	<b>Date/Time of Accident:</b> 17/08/2019 11:30	<b>Type of Location:</b> Straight Road
<b>Location:</b> Along Road 1 CENTRAL EXPRESSWAY				
<b>Balestier Exit</b>				
<b>Weather:</b> Clear	<b>Road Surface:</b> Dry		<b>Road Speed Limit:</b>	
<b>Traffic Flow:</b> One Way	<b>Traffic Control:</b> Not Controlled		<b>Traffic Volume:</b> Heavy	
<b>Type of Collision:</b> Between Moving Vehicles - Head To Rear			<b>Anyone conveyed by ambulance:</b> No	

## Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJM6671L	Car	TOYOTA	VIOS E AUTO	Blue	Seriously Damaged	3
SKN6296U	Car				Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SJM6671L	NTUC Income Insurance Co-Operative Limited	5107657273	05/03/2019	04/03/2020

Sketch Plan #4 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190818/2121

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

2 of 3  
Report No. T/20190818/2121

CONTINUATION OF REPORT

**Brief Details.**

On 17/08/2019 at about 11.30am, I was driving my vehicle SJM6671L along SLE and exited at Balestier exit. There was a lot of vehicles at the said exit as such there was a jam. My vehicle was on the right lane of the said exit and my vehicle is stationary due to the jam. Suddenly, I felt a collision at the rear of my vehicle. I alight and made a check and another vehicle SKN6296U had collided onto the rear of my vehicle. After the accident, I went to seek medical help and got 3 days MC as I felt pain on my back area. I also wished to state that the rear bumper of my vehicle is seriously damaged and the other vehicle front bumper is slightly damaged.

## Sketch Plan #5 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190818/2121

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

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Report No. T/20190818/2121

## 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:

L /

Sr Staff Sgt DEOK FUHAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/08/2019 22:52

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168



Signature:

Singapore Police Force

SN 065