

MSME19118713 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 07/09/2019 13:26
 SUBMITTED BY: Wen Ying

Adrian LKK- (CP)

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	07/09/2019 13:26
Date Of Accident	06/09/2019 10:55
Exact Location Of Accident	JURONG WEST AVE 3 & JALAN BAHAR.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE5611J
Insured/Policyholder	
Name Of Registered Owner	LIEW KWEH CHIEW
NRIC No	S1818358G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96828980
Alternative Phone No	OFFICE-96828980

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10151059R00
Cover Note Number	

Driver

Name of Driver	LIEW KWEH CHIEW
NRIC No	S1818358G
Date Of Birth	30/10/1967
Occupation	INDOOR
Date Of Driving Pass	10/05/1990
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96828980
Fax Number	
Contact Number	OFFICE-96828980
Email Address	NOEMAIL

Address	BLK 271A JURONG WEST ST 24 #03-34
Postcode	641271
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 - CROSS JUNCTION
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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT NO.T/20190907/2004.

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	SJQ9151E
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)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

LIEW KWEH CHIEW

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJE5611J

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.

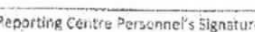
8. Consent under the Personal Data Protection Act (PDPA)

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.:

(FORM 101) (Rev. 1/2018)

Sim Automotive

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT: 7/2019 0907/2004
INCIDENT No: J1 2019 0906/0150.

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**



T20190907/2004

1 of 4

Police Station Of Origin
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No T/20190907/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 07/09/2019 01:02	Vide Report No.	Station Diary No. 23
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Informant's Particulars

Name of Informant: I IEW KWEH CHIEW			Address: APT BLK 271A JURONG WEST STREET 24 #03-34 SINGAPORE 641271		
ID Type / ID No. NRIC NO / S1818358G			Contact No.: Home/Office Mobile: 96828980		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 30/10/1967	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: SERVICE ENGINEER			Driving Licence Information: Class: 3.4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/09/2019 10:55	Type of Location: T-Junction
Location: JURONG WEST AVENUE 3 at T-Junction near Jln Bahar				
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE5611J	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Seriously Damaged	0
SJQ9151E	Car				Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190907/2004

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No 1800-7929999

Report No: T/20190907/2004

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJE5611J	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10151059R00	29/04/2019	28/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LIEW KWEH CHIEW	ID No.	S1818358G	
Related Vehicle	SJE5611J (Car)	Contact No.	96828980	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class. 3,4 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	Unknown Driver	ID No.	NIL	
Related Vehicle	SJQ9151E (Car)	Contact No.	NIL	
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	Serious	

Brief Details.

On 06/09/2019 at about 2255hrs, while I was driving my car(SJE5611J) straight through a T-junction along Jurong West Ave 3 towards Jurong West St 24-23 near Jln Bahar, after I crossed the traffic line, the traffic light turned amber. As I noticed that, there were a motorcycle and cars at the opposite of the Junction was turning to their right to cross the Junction so, I started to flash my high beam to indicate I that I am crossing straight through the Junction. After a motorcycle and a car had crossed the junction, I crashed with the next car(SJQ9151E).

I then came down from my vehicle and say one driver and one passenger, they were seriously injured and I was unable to communicate with them

I wish to state that, I do not have CCTV in my car but I observed that the other vehicle car which I crashed with have CCTV. Police came down to the scene shortly and ambulance came to conveyed the driver and passenger of the other vehicle. I was attended by IO Fidah DID:65476202 who informed me that the report number is J/20190906/0150.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE

Police Station Of Origin
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20190907/2004

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Report No: T/20190907/2004

CONTINUATION OF REPORT

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190907/2004

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Report No: T/20190907/2004

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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:

J /

SC2 LEM YU SHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/09/2019 01:02

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FERROZ BIN HUSSEIN

Contact No.: 65476206

Classification Of Case:

Authentication Stamp
NP168

SN 127

Signature:

Singapore Police Force