

MSME15137963 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 17/10/2019 17:20
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	17/10/2019 17:20
Date Of Accident	16/10/2019 11:50
Exact Location Of Accident	WEST COAST HIGHWAY TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9935B
Insured/Policyholder	
Name Of Registered Owner	ON SI YUAN JOAB
NRIC No	S9020041J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97246635
Alternative Phone No	OFFICE-97246635

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250

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 5109705478

Cover Note Number

Driver

Name of Driver	ON SI YUAN JOAB
NRIC No	S9020041J
Date Of Birth	12/06/1990
Occupation	INDOOR
Date Of Driving Pass	24/07/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97246635
Fax Number	
Contact Number	OFFICE-97246635
Email Address	NOEMAIL

Address BLK 292A BUKIT BATOK EAST AVE 6 #08-208
 Postcode 651292
 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 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? 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: : ZHEN QING FENG
 GENDER: : FEMALE
 Passenger 2 NAME: : TOH GUO XIANG
 GENDER: : MALE
 Passenger 3 NAME: : LIM GHIM PENG
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TRAFFIC POLICE DIVISION HQ
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 65470000 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20191017/7003.

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 SJL6259A
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B

Vehicle Category	PRIVATE CAR
Name of Driver	HO ZHENG HAN
NRIC/Passport Number	S9105709C
Contact Number	88926880
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ON SI YUAN JOAB
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLS9935B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ZHEN QING FENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLS9935B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	TOH GUO XIANG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLS9935B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	LIM GHIM PENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLS9935B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	


SKETCH PLAN


IMPORTANT NOTICE

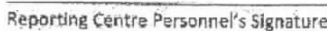
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.:

A: SLS 9935B
B: SJL 6259A

West Coast Highway

REFER TO POLICE REPORT: T/2019101717003.

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

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



**SINGAPORE
POLICE FORCE**



T/20191017/7003

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191017/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2019 01:26	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ON SI YUAN, JOAB			Address: APT BLK 292A BUKIT BATOK EAST AVENUE 6 #08-208 SINGAPORE 651292		
ID Type / ID No.: NRIC NO / S9020041J			Contact No.: Home/Office: Mobile: 97246635		
Nationality: SINGAPORE CITIZEN			Email: joab_on@hotmail.com		
Sex: Male	Age: 29	Date of Birth: 12/06/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: unemployed			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/10/2019 23:50	Type of Location: Straight Road
Location: WEST COAST HIGHWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SJL6259A	Car	HONDA	City	Silver	Slightly Damaged	2
SLS9935B	Car	MERCEDES BENZ	E+250+BLU EFFICIENCY	Grey	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS9935B	NTUC Income Insurance Co-Operative Limited	5109705478	19/05/2019	18/05/2020



**SINGAPORE
POLICE FORCE**



T/20191017/7003

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191017/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ON SI YUAN, JOAB	ID No.	S9020041J
Related Vehicle	SLS9935B (Car)	Contact No.	97246635
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/10/2019	Date Discharge	17/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	ZHEN QING FENG	ID No.	G2966808L
Related Vehicle	SLS9935B (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/10/2019	Date Discharge	17/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	TOH GUO XIANG	ID No.	S9116301B
Related Vehicle	SLS9935B (Car)	Contact No.	83321228
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/10/2019	Date Discharge	17/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20191017/7003

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191017/7003

CONTINUATION OF REPORT

Passenger			
Name	LIM GHIM PENG	ID No.	S8923310J
Related Vehicle	SLS9935B (Car)	Contact No.	82999772
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/10/2019	Date Discharge	17/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 16/10/2019 around 11:50 pm i was driving my car Sls9935B along West Coast Highway towards Tuas before Pandan Crescent. I was following the traffic when suddenly there was a huge impact came from the back. Vehicle SJL6259A has bang on to the rear of my vehicle. There was 3 passenger in my car, Lim Ghim Peng S8923310J, Toh Guo Xiang S9116301B, Zhen Qing Feng G2966808L. There was no serious injury at the point of the time.



**SINGAPORE
POLICE FORCE**



T/20191017/7003

4 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191017/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
17/10/2019 01:26

Classification Of Case: