

MSME19165307 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 16/12/2019 15:24
SUBMITTED BY: Chia Pel 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	16/12/2019 15:24
Date Of Accident	13/12/2019 17:00
Exact Location Of Accident	TECK WHYE CRESCENT (CCK AVE 1)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ8706M
Insured/Policyholder	
Name Of Registered Owner	TOH MING YAO
NRIC No	S8122072G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91546808
Alternative Phone No	OFFICE-91546808

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2270936
Cover Note Number	

Driver

Name of Driver	TOH MING YAO
NRIC No	S8122072G
Date Of Birth	05/07/1981
Occupation	INDOOR
Date Of Driving Pass	29/01/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91546808
Fax Number	
Contact Number	OFFICE-91546808
Email Address	NOEMAIL

Address	BLK 464 CHOA CHU KANG AVE 4 #14-19
Postcode	680464
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 - MAJOR/MINOR RD
Weather Conditions	DRIZZLING
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)	3
Passenger 1	NAME: : TOH HUI NING GENDER: : FEMALE
Passenger 2	NAME: : CAI SHAO JUN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20191214/2167.

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	SLM6368P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE 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)

DETAILS OF INJURED PERSON 1

Name

TOH HUI NING

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMJ8706M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

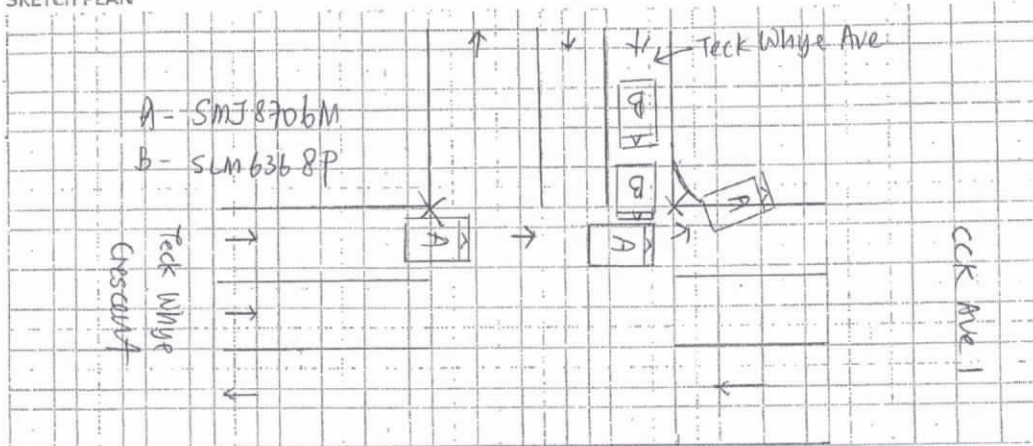
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report T/2019 1214/2167.

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

LETTER OF UNDERTAKINGI/We, Toh Mip Yao, the owner of vehicle no. SMJ8706M

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, CAS Garage PTE LTD

Signed and Acknowledge by:

S87220726 
Nric no. & signature of policyholder

Company stamp

Date

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191214/2167

1 of 4

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20191214/2167

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2019 21:04	Vide Report No.: J/20191213/0086	Station Diary No.: 145
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Informant's Particulars			
Name of Informant: TOH MINGYAO		Address: APT BLK 464 CHOA CHU KANG AVENUE 4 #14-19 SINGAPORE 680464	
ID Type / ID No.: NRIC NO / S8122072G		Contact No.: Home/Office: Mobile: 91546808	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 05/07/1981	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SENIOR FINANCE MANAGER		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/12/2019 17:00	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 TECK WHYE CRESCENT CHOA CHU KANG AVENUE 1				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM6368P	Car	HYUNDAI	IONIQ	Black	Seriously Damaged	0
SMJ8706M	Car	HYUNDAI	AD AVANTE 1.6 GLS (A) S	Silver	Seriously Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Sketch Plan #5 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191214/2167

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Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20191214/2167

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ8706M	AXA INSURANCE SINGAPORE PTE LTD	P2270936	23/03/2019	22/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	TOH HUI NING		ID No.	T1922810F
Related Vehicle	SMJ8706M (Car)		Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/12/2019		Date Discharge	14/12/2019
No. of Days granted Medical Leave		NIL	Degree of Injury	Slight
Driver				
Name	TOH MINGYAO		ID No.	S8122072G
Related Vehicle	NIL		Contact No.	91546808
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

Brief Details.

On the above date and time mentioned above, I was driving my car, SMJ8706M, along Teck Whye Cres towards Choa Chu Kang Ave 1. I was from Choa Chu Kang Polyclinic as I had sent my baby daughter to do her vaccination there.

After driving out of the polyclinic, I stopped at the X-junction as the traffic light was red. When the traffic light was green, I proceeded. As I was passing through the junction, a car, SLM6368P, that was coming Teck Whye Ave on my left hit onto both of my left side doors. My left doors was dented in and the other car's whole front bumper came off.

Both of us got off our car and I called the Traffic Police shortly after. When the Ambulance came first, they assessed my baby daughter namely, Toh Hui Ning to see if she was okay as she was crying non-stop. They then conveyed her to NUH.

The Traffic Police came down and took down the driver's and my personal details. The officer also took

Sketch Plan #6 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191214/2167

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Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20191214/2167

CONTINUATION OF REPORT

both of our SD card in our in-built camera for investigation purpose. The Traffic Police then advised the both of us to tow both of our vehicles. Subsequently when both of our vehicles were towed, we went on to our separate ways.

I would like to state that my baby suffered a small right frontal SAH after being checked at NUH. My baby needs to go for interval scan to determine her progress.

Accident Sketch Plan Pg. 1

**SINGAPORE
POLICE FORCE**

T/20191214/2167

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Report No. T/20191214/2167

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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 /

Sgt 2 MUHAMMAD ISKANDAR BIN ROSSALI

Signature Of Informant:



Signature Of Interpreter:

Not applicable

Date/Time:

14/12/2019 21:04

Officer In Charge Of Case:

TP / GIT /

Sgt 2 PHUA TIAK YEE

Contact No: 65472077

Classification Of Case:

Authentication Stamp

NP168


SIGNATURE