MSME19170695 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 28/12/2019 13:32 SUBMITTED BY: Wen Ying

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**EMail Address** 

- 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

	ACCIDENT STATEMENT
Date Of Report	28/12/2019 13:32
Date Of Accident	27/12/2019 10:55
Exact Location Of Accident	JUNCTION OF PASIR RIS DR 4 TWDS PASIR RIS DR 3.
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMQ3193M
Insured/Policyholder	
Name Of Registered Owner	SOH ZHI HUI
NRIC No	SXXXX013A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91820282
Alternative Phone No	OFFICE-91820282
Vehicle Particulars	
Manufacturer	TOYOTA
Model	NOAH
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113968938
Cover Note Number	
Driver	
Name of Driver	TAN LONG JIE
NRIC No	SXXXX564D
Date Of Birth	31/10/1991
Occupation	INDOOR
Date Of Driving Pass	21/02/2013
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91763306
Fax Number	
Contact Number	

NOEMAIL

Address BLK 246 SERANGOON AVE 3 #05-204

Postcode 550246

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - FIANCE

Vehicle Registration Number of Driver's Own

ehicle

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE

YES

NO

1

Police Station Address ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: 1800-4880999 - FAX NO: 64883561

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO POLICE REPORT NO.T/20191228/2003.

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 SLR7624S

Vehicle Make/Model/Colour

Details Of Properties VEH B

Vehicle Category PRIVATE CAR

Name of Driver CHEW CHEE KHUAN

NRIC/Passport Number SXXXX985J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# DETAILS OF INJURED PERSON 1

Name

TAN LONG JIE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMQ3193M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

#### SKETCH PLAN

## IMPORTANT NOTICE

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- 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.
- 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)

Lunderstand, 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		Posit Re Dr 3
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glih		
glih	Driver's Signature	Reporting Centre Personnel's Signature
cyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:





T/20191228/2003

1 of 3

Police Station Of Origin: Serangoon N.P.C 59 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Report No. T/20191228/2003

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

*	OF A TRAFFIN			10111 01 11	
Date/Time Report Made: 28/12/2019 02:45		Made:	Vide Report No.:	Station Diary No.:	
			G/20191227/0202	8	
Informa	nt's Partici	ulars		STATE OF STATE	
	Informant:		Address:		
TAN LO	NG JIE		APT BLK 246 SERANGOON SINGAPORE 550246	AVENUE 3 #05-204	
ID Type	e / ID No.:		Contact No.:	412	
NRIC NO / S9140564D		64D	Home/Office:	Mobile: 91763306	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 28	Date of Birth: 31/10/1991	Type of Informant: Driver		
Race: Chinese		***************************************	Language: English	Institution / School Name:	
Occupat			Driving Licence Information: Class: 3,4	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/12/2019 22:5	Type of Location: T-Junction
Location: Along Road 1 PASIR RIS DI	RIVE 4			
Weather:		Surface:		Road Speed Limit:
Traffic Flow: Two Way		ic Control: eman Contr	olled	Traffic Volume:
Type of Collis	ion: ing Vehicles - Head To Side			Anyone conveyed by ambulance: Yes

Vehicle No.	Type	Make ***	Model Color	Condition	No of Passenger
SLR7624S	Car	TOYOTA	VIOS 1.5E CVT		0
SMQ3193M	Car	ТОУОТА	NOAH HYBRID 7- SEATER 1.8X CVT	Seriously Damaged	





Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #0

Report No. T/20191228/2003

2 of 3

50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

CONTINUATION OF REPORT

Any Pedestrian II	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	Use of Pedestrian Crossing: NA		
Driver	7 (2.46)	达尔 心理器	影響物於從影		管理	<b>计图题数据的</b> 对于1000年的
Name	TAN LONG JIE			ID No		S9140564D
Related Vehicle	SMQ3193M (Car)			Conta	ct No.	91763306
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licen Expin	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave 03		Degree of	Injury	NIL		

#### Brief Details.

On 27.12.2019 at about 2258hrs, I stop my vehicle (SMQ3193M) at the middle lane of Pasir Ris Dr 4 when the traffic light still red. The middle lane shows I can go straight and turn left. There was a vehicle (SLR7624S) on the left lane. That lane shows it can only turn left. As the traffic light turns green, I proceed and making left turn to Pasir Ris Dr 3. Out of sudden the vehicle (SLR7624S) on the left lane went straight and hit onto my vehicle. I alighted from my vehicle to check on the driver who hit onto my vehicle. The driver argue and saying that he was on the middle lane and denied that his on the left lane. There was scratches and dent on the left passenger door due to the impact.

Ambulance and Traffic Police were at scene. I was then conveyed to Changi General Hospital as my back pain and my leg felt numbress. I was given 3 days of MC. I was told to lodge a Traffic Accident Report by IO Bei Feng. In-Card Memory was seized by Traffic IO when I was in hospital.





Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129 CONTINUATION OF REPORT

3 of 3 Report No. T/20191228/2003

Tel No: 1800-4880999

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:	Signature Of Informan
Sgt 2 DEWI SYARIMAH BINTE HASSAN	4,94
Signature Of Interpreter  Not applicate  Signature:	Date/Time: 28/12/2019 02:45
Officer in Charge Or Case: TP / GIT Ingapore Police Force SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case
Authentication Stamp	

Signature Of Informant:	
Date/Time: 28/12/2019 02:45	8
Classification Of Case:	