

MSME20019384 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 12/02/2020 13:57  
SUBMITTED BY: Chia Pei Ying

**Your NCD will be affected due to late reporting**  
**Actual e-Filing Submission Date & Time: 12/02/2020 15:21**

### 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             | 12/02/2020 13:57     |
| Date Of Accident           | 10/02/2020 23:30     |
| Exact Location Of Accident | ALONG BALESTIER ROAD |
| Country/State of Loss      | SINGAPORE            |

#### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKK799R              |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LOW SZI WEI          |
| NRIC No                     | SXXXX520J            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91211111 |
| Alternative Phone No        | OFFICE-91211111      |

#### Vehicle Particulars

|              |      |
|--------------|------|
| Manufacturer | BMW  |
| Model        | 520I |

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 | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | 20-MW011702-R04                      |
| Cover Note Number         |                                      |

#### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | BRENDAN HO JUN WEI   |
| NRIC No              | SXXXX248H            |
| Date Of Birth        | 27/07/1994           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 12/05/2017           |
| Driving Experience   | 2 YEARS AND 8 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-97728120 |
| Fax Number           |                      |
| Contact Number       |                      |
| Email Address        | NOEMAIL              |

Address BLK 639 PASIR RIS DRIVE 1 #08-552  
 Postcode 510639  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured FRIEND  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 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 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 BEDOK DIVISION HQ  
 Police Station Address ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, 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: G/20200211/7096.

**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 Witness 1**

Name HABI  
 Phone Number 86074786  
 Email Address

**Details of Witness 2**

Name CHINESE NATIONAL  
 Phone Number 90192682  
 Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHA8148E  
 Vehicle Make/Model/Colour

|                                     |             |
|-------------------------------------|-------------|
| Details Of Properties               | VEHICLE B   |
| Vehicle Category                    | TAXI        |
| Name of Driver                      | LEE WEE KOK |
| NRIC/Passport Number                |             |
| Contact Number                      | 96695386    |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

**DETAILS OF INJURED PERSON 1**

|   |                    |
|---|--------------------|
| Name  | BRENDAN HO JUN WEI |
| Approximate Age                                     |                    |
| Injuries Sustain                                    |                    |
| Injured person in which vehicle?                    | SKK799R            |
| Were seat belts worn?                               |                    |
| Was this injured conveyed to hospital by ambulance? |                    |
| Address   |                    |
| Postcode  |                    |

## Sketch Plan Pg. 1

**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.

*[Signature]*  
12/2/20 10:30AM  
Policyholder's Signature  
(If driver is not the policyholder)

*[Signature]*  
12/2/20 12:13pm  
Driver's Signature  
(If driver is not the policyholder)

*[Signature]*  
Name:  
SPR 121 12

*VEVE MOTOR*



## Sketch Plan #3 Pg. 1



**SINGAPORE  
POLICE FORCE**



G/20200211/7096

1 of 3

**POLICE REPORT (NP299)**

Report No. G/20200211/7096

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

|  |  |                   |
|--|--|-------------------|
| Date/Time Report Made<br>11/02/2020 22:18                    | Vide Report No.  | Station Diary No. |
| Name Of Informant<br>BRENDAN HO JUN JIE                      | Address<br>APT BLK 639 PASIR RIS DRIVE 1 #08-552 SINGAPORE 510639              |                   |
| ID Type / ID No.<br>NRIC NO / S9426248H                      | Contact No.<br>Home/Office: Mobile:<br>97728120                                |                   |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address<br>RAKION_ROCK@HOTMAIL.COM                                       |                   |
| Occupation<br>Secretary                                      | Sex<br>Male  | Age<br>25         |
| Institution/School Name                                      | Date of Birth<br>27/07/1994  | Race<br>Chinese   |
| Date/Time Of Incident<br>10/02/2020 23:20 - 10/02/2020 23:30 | Language<br>English  |                   |
|  | Location Of Incident<br>APT BLK 639 PASIR RIS DRIVE 1 #08-552 SINGAPORE 510639 |                   |

**Brief details.**

10 Feb. 20

11:20PM - Ended Meeting with client.

While driving back home along Balestier Road LANE 3 proceeding to CTE ( SLE/TPE ) Exit. A customer along the pavement standing outside 7/11 flagging a cab that was in front of me along Balestier Road

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>11/02/2020 22:18   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |

Authentication Stamp

## Sketch Plan #4 Pg. 1

**SINGAPORE  
POLICE FORCE**

G/20200211/7096

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200211/7096

LANE 2. The taxi driver decided to signal left and filter immediately into the third lane and collided into the front right of my vehicle.

11:29PM - Accident took place on Balestier Road outside 7eleven lane 2 and 3. Vehicle between ( ComfortDelgro SHA8148E ) and My Vehicle ( BMW SKK799R ).

Particulars was being exchanged and mobile number.

Comfort Delgro Driver that collided with me,

Name: LEE WEE KOK

Nric: S6912210H

Mobile: 9669 5386

Vehicle Number: SHA8148E

The customer that was flagging his cab outside 7/11 and witness the accident.

Mobile Number: 9019 2682 ( Chinese Speaking )

7/11 staff that saw the incident.

Mobile Number: 8607 4786

Name: Mr Habi

11 Feb. 20

06:57PM - Felt pain in my lower back muscle, neck, right shoulder, right wrist and my right ankle during

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

11/02/2020 22:18

Classification Of Case:

## Sketch Plan #5 Pg. 1


**SINGAPORE  
POLICE FORCE**


G/20200211/7096

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200211/7096

work, went to Raffles Medical Centre to consult a doctor. Granted 3 days MC from 11/2/2020 to 13/2/2020.

|                           |  |              |                       |
|---------------------------|--|--------------|-----------------------|
| <b>Subjects Involved</b>  |  |              |                       |
| <b>Suspect</b>            |  |              |                       |
| Person Name               | LEE WEE KOK  |              |                       |
| ID Type                   | NRIC NO  | ID No        | S6912210H             |
| Gender                    | Male   | Race         | Chinese               |
| Language                  | English  | Occupation   | Taxi driver           |
| <b>Victim</b>             |  |              |                       |
| Person Name               | BRENDAN HO JUN JIE   |              |                       |
| ID Type                   | NRIC NO  | ID No        | S9426248H             |
| Gender                    | Male   | Age          | 25                    |
| Race                      | Chinese  | Language     | English               |
| Occupation                | Secretary  | Address Type |                       |
| Address                   | APT BLK 639 PASIR RIS<br>DRIVE 1 #08-552 SINGAPORE<br>510639 |              | Mobile No<br>97728120 |
| Is Informant A<br>Victim? | Yes  |              |                       |
| Person Name               | BRENDAN HO JUN JIE (Informant)                               |              |                       |

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>11/02/2020 22:18   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |

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