

MSME20038480 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 31/03/2020 13:56
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	31/03/2020 13:56
Date Of Accident	30/03/2020 15:05
Exact Location Of Accident	OPEN SPACE CARPARK BISHAN ST 13
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4026J
Insured/Policyholder	
Name Of Registered Owner	TONG GLEN CLEMENT ALIAS TONG KAH MUN
NRIC No	SXXXX254A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94887328
Alternative Phone No	OFFICE-94887328

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	19-MT101669-R01
Cover Note Number	

Driver

Name of Driver	TONG GLEN CLEMENT ALIAS TONG KAH MUN
NRIC No	SXXXX254A
Date Of Birth	11/12/1958
Occupation	INDOOR
Date Of Driving Pass	03/03/1980
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94887328
Fax Number	
Contact Number	OFFICE-94887328
Email Address	NOEMAIL

Address BLK 175 BISHAN ST 13 #09-155
 Postcode 570175
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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? NO
 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) 0

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name EUNOS NPP
 Police Station Address ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 ,
 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/20200331/2027.

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 GBB8123S
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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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.:

31/3/2020
AAA MURRAY

SKETCH PLAN

$A = \text{SLN4026J}$
 $B = \text{GGB8123S}$

Refer to Police Report No = T/20200331/2027

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

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

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200331/2027

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20200331/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/03/2020 12:13		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: TONG GLEN CLEMENT			Address: APT BLK 175 BISHAN STREET 13 #09-155 SINGAPORE 570175		
ID Type / ID No.: NRIC NO / S1300254A			Contact No.: Home/Office: Mobile: 94887328		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 11/12/1958	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ASSOCIATE TRAINER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/03/2020 15:05	Type of Location: Car Park
Location: Along Road 1 BISHAN STREET 13 OPEN SPACE CARPARK, CARPARK 11				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: HIT AND RUN			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBB8123S	Van	NISSAN		White		0
SLN4026J		TOYOTA	WISH	Grey	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #4 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20200331/2027

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20200331/2027

CONTINUATION OF REPORT

Vehicle Owner			
Name	TONG GLEN CLEMENT	ID No.	S1300254A
Related Vehicle	SLN4026J	Contact No.	94887328
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/3/2020 at around 2030hrs, I went back to my Toyota Wish parked the above mentioned location. I discovered that my car front license plate, bonnet and front bumper was damaged. My front bumper was also dislodged.

There was no note left behind at my car too. After retrieving my in-car camera footage, I noted that a white Nissan bearing license plate number GBB8123S collided onto my vehicle.

I am lodging this report for insurance purpose.

Sketch Plan #5 Pg. 1

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20200331/2027

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Report No. T/20200331/2027

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:

G/
Sgt 1 TAN LI JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
31/03/2020 12:13Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Classification Of Case:

Authentication Stamp
NP168