MSNH20047797 / S & H Motor Pte Ltd - Sin Ming ENTRY DATE & TIME: 26/05/2020 11:53 SUBMITTED BY: Wong Kee Nyuk

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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/05/2020 11:53
Date Of Accident	22/05/2020 15:15
Exact Location Of Accident	LOR LIPUT END POINT OF LOR LIPUT (INFRONT SUBWAY)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL1212E
Insured/Policyholder	
Name Of Registered Owner	TAN GEK KHIM
NRIC No	S6802176F
Email Address	GEKKHIM21@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98283820
Alternative Phone No	OFFICE-98283820
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	S350 CGI L
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	5102999230-01
Cover Note Number	
Driver	

Name of Driver CHONG SIEW HONG

NRIC No S6808924G

Date Of Birth 11/03/1968

Occupation INDOOR

Date Of Driving Pass 24/11/1994

Driving Experience 25 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98283820

Fax Number

Contact Number

EMail Address GEKKHIM21@GMAIL.COM

Address -

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident SIDE SWIPE
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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE

NO

NO

Police Station Address ROAD: 1 DUKE ROAD, POSTCODE: 268914, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-4629999 - **FAX NO**: 64628933

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

refer attached police report.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDL6883T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver FLORENCE LOW

NRIC/Passport Number S1777111F Contact Number 96662337

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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)

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)
 - 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:
 - 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.:

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		H-2KF1515
	++++++++++++++++++++++++++++++++++++	A-SKL1212 B-SOL6883
	IA A	0 - 302 6883
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	++++++ +++++++++	
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
	Refer attacked police	w.at.
	190 assauree pource	- rywr
49747		
DECLARATION		
	ulars are true in every respect.	
DECLARATION I/We declare the foregoing particu	ulars are true in every respect.	
DECLARATION	ulars are true in every respect.	
DECLARATION I/We declare the foregoing particular the foregoing particu	Driver's Signature	Reporting Centre Personnel's Signatur
DECLARATION I/We declare the foregoing particular that the forego	(1/11/	Reporting Centre Personnel's Signatur Name: NRIC/FIN No.:





Police Station Of Origin Bukit Timeh N.P.C 1 Duke's Road SINGAPORE 268914 Tel No. 1800-4629999 1 of 4 Report No. 1/20200522/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2020 22:00		Vide Report No.:	Station Diary No. 60	
Informar	nt's Particu	ilars		
S. 7700 S. 370 S. S.	Informant: SIEW HON	iG	Address: 12 NAMLY GROVE SI	NGAPORE 267307
ID Type NRIC NO	/ ID No.	24G	Contact No : Home/Office:	Mobile: 98283820
National	ity: ORE CITIZ	EN	Email:	
Sex. Male	Age: 52	Date of Birth: 11/03/1968	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat			Driving Licence Inform Class: 3	ation: Date of Expiry:

Type of Accident:	nation of the Accide Non-Injury	Drink Drive: No	Date/Time of Accident: 22/05/2020 15:15	Type of Location Straight Road
	PUT Lorong Liput (Infrant c	of Subway) Road Surface:	R	oad Speed Limit
Weather			CONTRACTOR SECURIOR AND	
Weather: Clear		Ory Control	1	raffic Volume:
		Traffic Control: Not Controlled	l N	raffic Volume to Traffic Invone conveyed by

Details of V	ehicle invol		Treadet.	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	A STATE OF THE PARTY OF THE PAR	Gondon	0
SDL6883T	Car			Blue		
				Black	Slightly	0
SKL1212E	Car			DidUK	Damaged	A STATE OF THE STA

	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	Charles on the Control of the Contro		13/09/2020
SKL1212E	The same Co Operative	5102999230-01	14/09/2019	1010012020



Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No 1800-4629999

2014 Report No. T/20200522/2053

CONTINUATION OF REPORT

Details of Person	involved	940,650,000,000,000			
Any Pedestrian In	volved: No			ing MA	
No. of Pedestrian	s Injured: NIL	Use of Pede	strian Cross	Sing. Dex	
Driver			D No.	S1777111F	
Name	FLORENCE LOW				
Related Vehicle	SDL6883T (Car)		Contact No.	96662337 Class NIL Date of Expiry NIL	
Hospital/Clinic			Class of Driving Licence & Expiry Date		
Date Treatment	NIII	Date Discha	arge NIL		
No of Days gran	ited Medical Leave NIL	Degree of I	njury NIL		
Driver					
Name	CHONG SIEW HONG		ID No.	S8808924G	
Related Vehicle	SKL1212E (Car)		Contact No	98283820	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
BOAT OF A PARTY OF THE PARTY OF THE		Date Diech	narge NiL		
Date Treatment	NIL		Injury NIL		

On 22 May 2020, at about 1515hrs, I was driving my vehicle (SKL1212E) along the left lane of Lorong On 22 May 2020, at about 1515hrs, I was driving my vehicle (SKL1212E) along the left lane of Lorong Liput. As I reached the end of the road, I had to make a 3-point turn. There was a blue Mercedes benz (SDL6883T) parked on the right lane of Lorong Liput (outside of subway). The vehicle was parked lilegally and against the traffic direction. As I was making the 3-point turn, vehicle SDL6883T suddenly and unexpectedly drove out of the parking position from the right lane diagonally, and went into the left lane. The right front side of vehicle SDL6883T knocked into my vehicle's right front bumper and broke my signat light. My front right bumper also suffered dents and scratches.

The driver of SDL6883T and I got out of our vehicles to exchange paticulars. No one was injured and no government property was damaged. There was no police or ambulance that attended to us. No pedestrians involved

My vehicle does not have any in-car camera. However, I noticed that there were police cameras and LTA parking Enforcement CCTV on both sides of the road with clear signanges indicating "Fine up to \$300 & 3 Demerit Points". I believe the occurrence of the accident was clearly captured by all the cameras.

I am lodging this report for the following: To report on the illegal parking of SDL6883T against traffic direction along Lorong Liput. To report vehicle SDL6683T sudden switch of lanes towards my vehicle, resulting in a knock and damages on my vehicle.





Police Station Of Origin Bukit Timah N P C 1 Duke's Road SINGAPORE 268914 Tel No. 1800-4629999 Report No. T/20200522/2053

CONTINUATION OF REPORT

To request for camera footages in the event of any disputes.



Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999



SIGNATURE

4 of 4

Report No 172020052272053

CONTINUATION OF REPORT

Sketch Plan

NP168

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 Signature Of Officer Recording The Report: Sgt 2 KAU SHI QI JOLENE / Date/Time: Signature Of Interpreter. 22/05/2020 22:00 Not applicable Classification Of Case: Officer in Charge Of Case: TP/GIA/ SINGAPORE POLICE FORCE SN 0 Staff Sgt WONG SIEU LUI Contact No.: 65476151 Authentication Stamp

























