

MSME20055668 / SIME Motor Pte Ltd - Keld Bulet  
ENTRY DATE & TIME: 30/06/2020 12:43  
SUBMITTED BY: Wen 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 30/06/2020 12:43  
Date Of Accident 29/06/2020 12:05  
Exact Location Of Accident JUNCTION OF SEMBAWANG WAY & WOODLANDS AVE 10  
Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR7288S  
~~Insured Policyholder~~  
Name Of Registered Owner YONG WEI PHENG  
NRIC No SXXXX850I  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-91727732  
Alternative Phone No OFFICE-91727732

~~Vehicle Particulars~~  
Manufacturer TOYOTA  
Model VELLFIRE  
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

~~Insured Company~~  
Name of Insurance Company AXA INSURANCE PTE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number P2374469  
Cover Note Number

~~Driver~~  
Name of Driver YONG WEI PHENG  
NRIC No SXXXX850I  
Date Of Birth 26/09/1968  
Occupation INDOOR  
Date Of Driving Pass 17/12/2009  
Driving Experience 10 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-91727732  
Fax Number  
Contact Number OFFICE-91727732  
Email Address NOEMAIL

Address BLK 894B WOODLANDS DR 50 #05-43  
 Postcode 731894  
 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 - HEAD TO REAR  
 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 WOODLANDS WEST N.P.C  
 Police Station Address ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 Was notice of Intended Prosecution given? NO  
 If Yes, against whom?

## Circumstances of Accident

PLS REFER TO POLICE REPORT NO.T/20200630/2010.

## 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 SLQ6101X  
 Vehicle Make/Model/Colour  
 Details Of Properties VEH B  
 Vehicle Category PRIVATE CAR  
 Name of Driver ALLAN NG KAE KHAI  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

## DETAILS OF INJURED PERSON 1

Name YONG WEI PHENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMR7288S

Were seat belts worn?

Was this Injured conveyed to hospital by ambulance?

Address

Postcode

## Accident Sketch Plan Pg. 1

## SKETCH PLAN

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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 my 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.

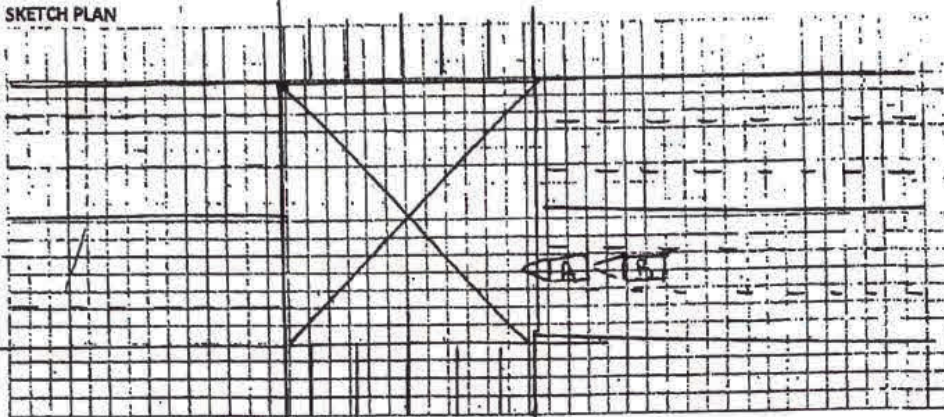
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

## DECLARATION

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

Policyholder's Signature  
Date & Time:

G47007C SI etc. Manifest V3

Driver's Signature  
(if driver is not the policyholder)  
Date & Time:Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Leang Automotive

## Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200630/2010

1 of 3

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

Report No. T/20200630/2010

## REPORT OF A TRAFFIC ACCIDENT

|  |            |   |                                     |                          |
|--|------------|---|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>30/06/2020 09:26 |            | Vide Report No.:  |                                     | Station Diary No.:<br>34 |
| Name of Informant:<br>YONG WEI PHENG       |            | Address:<br>APT BLK 894B WOODLANDS DRIVE 50 #05-43 SINGAPORE 731894 |                                     |                          |
| ID Type / ID No.:<br>NRIC NO / S68398501   |            | Contact No.:<br>Home/Office:  |                                     | Mobile: 91727732         |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:  |                                     |                          |
| Sex:<br>Male                               | Age:<br>51 | Date of Birth:<br>26/09/1968  | Type of Informant:<br>Vehicle Owner |                          |
| Race:<br>Chinese                           |            | Language:<br>English  | Institution / School Name:          |                          |
| Occupation:<br>DELIVERY DRIVER             |            | Driving Licence Information:<br>Class: 3                            |                                     | Date of Expiry:          |

|   |                  |   |   |  |
|---|------------------|---|---|--|
| Type of Accident:   | Injury<br>Others | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>29/06/2020 12:05 | Type of Location:<br>Straight Road     |
| Location:<br>Junction of Road 1 and Road 2<br>SEMBAWANG WAY<br>WOODLANDS AVENUE 9<br>Traffic Junction |                  |   |   |  |
| Weather:<br>Clear   |                  | Road Surface:<br>Dry                        | Road Speed Limit:                             |  |
| Traffic Flow:<br>Two Way  |                  | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Moderate                   |  |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear  |                  |   |   | Anyone conveyed by<br>ambulance:<br>No |

|          |     |        |          |       |  |   |
|----------|-----|--------|----------|-------|--|---|
| SLQ6101X | Car | NISSAN |          |       |  | 0 |
| SMR7288S | Car | TOYOTA | Vellfire | Black |  | 0 |

|          |                                 |              |            |            |
|----------|---------------------------------|--------------|------------|------------|
| SMR7288S | AXA INSURANCE SINGAPORE PTE LTD | VCX/P2374469 | 20/01/2020 | 19/01/2021 |
|----------|---------------------------------|--------------|------------|------------|

## Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200630/2010

2 of 3

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

Report No. T/20200630/2010

## CONTINUATION OF REPORT

|                                   |                         |  |                                   |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                         |  |                                   |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA         |                                   |
| Name                              | Allan Ng Kae Khai       | ID No.                                 | S7615566G                         |
| Related Vehicle                   | SLQ6101X (Car)          | Contact No.                            | 97224936                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | Slight                            |
| Name                              | YONG WEI PHENG          | ID No.                                 | S6839850I                         |
| Related Vehicle                   | SMR7288S (Car)          | Contact No.                            | 91727732                          |
| Hospital/Clinic                   | EDGEDALE MEDICAL CLINIC | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | 29/06/2020              | Date Discharge                         | 29/06/2020                        |
| No. of Days granted Medical Leave | 05                      | Degree of Injury                       | Slight                            |

**Brief Details.**

On 29 June 2020 at about 12.08pm, I was at the traffic light junction along Sembawang Way towards Woodlands Avenue 9. I stopped my vehicle bearing registration plate number SMR7288S at the traffic light junction as the traffic light was red. Subsequently, I saw one car which was on my left move off as the car was turning left and the green arrow sign shows up. I then released my brake and my car started to move off as well. When I see the traffic light was still red, immediately I apply my brake again and came to a stop. One vehicle bearing registration plate number SLQ6101X collided onto my rear of the car.

The rear of my vehicle was dented and the side of the capping broke off. After the accident, in the evening, I felt pain at my neck and back area. I also can't lift my left arms up fully therefore I went to see a doctor at Edgedale Medical Clinic and was given 5 days MC.

## Accident Sketch Plan Pg. 1

**SINGAPORE  
POLICE FORCE**

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Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
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T/20200630/2010

3 of 3

Report No. T/20200630/2010

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:

L/

Sgt 2 PATRICIA TAN SHILING



Signature:

Singapore Police Force

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

30/06/2020-09:26

Classification Of Case:

Authentication Stamp

NP168

## Accident Sketch Plan Pg. 1

LETTER OF UNDERTAKING

I/We, Yong Wei Pheng, the owner of vehicle no. SMR T288S

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore 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, Leang Automotive

Signed and Acknowledge by:

[Signature]  
Nic no. and signature of policyholder

Company Stamp

30/6/2020  
Date