

MSME20058966 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 13/07/2020 15:12
 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	13/07/2020 15:12
Date Of Accident	11/07/2020 11:30
Exact Location Of Accident	UPP BUKIT TIMAH RD AFTER T-JUNCTION JALAN JURONG K
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ1775U
Insured/Policyholder	
Name Of Registered Owner	RAJINDER SINGH S/O RAVINDAR SINGH
NRIC No	SXXXX848F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91444460
Alternative Phone No	OFFICE-91444460

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00013057
Cover Note Number	

Driver

Name of Driver	RAJINDER SINGH S/O RAVINDAR SINGH
NRIC No	SXXXX848F
Date Of Birth	20/02/1982
Occupation	INDOOR
Date Of Driving Pass	12/12/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91444460
Fax Number	
Contact Number	OFFICE-91444460
Email Address	NOEMAIL

Address	BLK 504 HOUGANG AVE 8 #02-706
Postcode	530504
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	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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20200712/2061.

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	SKV4273G
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
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 PLANIMPORTANT NOTICE

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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.

Policyholder's Signature
Date & Time:

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

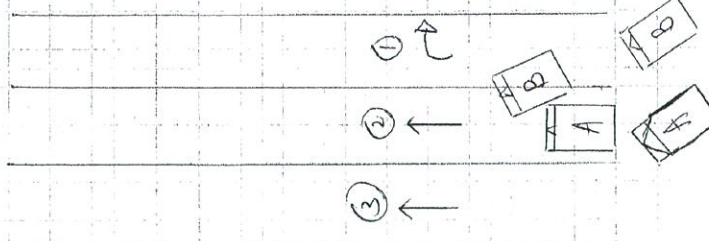
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ONS GARAGE

SKETCH PLAN

B-SKU 4273G

Upper Bukit Timah Rd



From The Turnpike
Keddy Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report 7/20200712/2061

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

Date & Time:

(If driver is not the policyholder)

Name: _____

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200712/2061

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20200712/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2020 22:06		Vide Report No.:		Station Diary No.: 115	
Informant's Particulars					
Name of Informant: RAJINDER SINGH S/O RAVINDAR SINGH			Address: APT BLK 504 HOUGANG AVENUE 8 #02-706 SINGAPORE 530504		
ID Type / ID No.: NRIC NO / S8205848F			Contact No.: Home/Office: Mobile: 91444460		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 20/02/1982	Type of Informant: Driver		
Race: Sikh			Language: English		Institution / School Name:
Occupation: Restaurant manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/07/2020 11:30	Type of Location: T-Junction
Location: Along Road 1 UPPER BUKIT TIMAH ROAD				
After T-Junction of Jalan Jurong Kecil and Upper Bukit Timah Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ1775U	Car	HONDA	STREAM 1.8L A	Black	Slightly Damaged	0
SKV4273G	Car					1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ1775U	FWD Singapore Pte. Ltd	PNPV2019-00013057	25/09/2019	24/09/2020

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200712/2061

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

2 of 3

Report No. T/20200712/2061

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAJINDER SINGH S/O RAVINDAR SINGH	ID No.	S8205848F
Related Vehicle	SJJ1775U (Car)	Contact No.	91444460
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/07/2020	Date Discharge	12/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 11/07/2020 I was driving my vehicle bearing registration number: SJJ1775U. On the same day at about 11.30am, I was heading to work. I was driving along Jalan Jurong Kecil Road heading towards Upper Bukit Timah Road. Upon approaching the T-Junction of Jln Jurong Kecil Road & Upper Bukit Timah road, I made a turn to the right into Upper Bukit Timah Road. After making the turn into Upper Bukit Timah road, a vehicle bearing registration number: SKV4273G side swipe my vehicle from the right side. The driver had suddenly switch lanes without signaling after he realized that the lane he was on was a right turn lane. I also was unable to avoid the collision as there was a vehicle on the left lane coming from the filter lane. The impact had cause me to jerk my body. Both me and the other driver then stopped by the side of the road to access the damage. Me and the other driver exchange particular. I wish to state that I have an on board camera install on my vehicle and it capture the entire event that took place. No Police or ambulance were called in.

I felt a slight pain on my neck and upper back area however I did not seek any medical attention at that point of time. On 12/07/2020 when I woke up, the pain was unbearable as such I seek medical attention. I was given 3 days of medical leave.

The damage to my vehicle:

- 1) Right headlight scratches.
- 2) Right front body panel scratches.
- 3) Right front rim and bumper scratches.

Sketch Plan #5 Pg. 1

SINGAPORE
POLICE FORCE

T/20200712/2061

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 3

Report No. T/20200712/2061

Sketch Plan

Informant 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:

E /

Sgt 3 MUHAMMAD AL-RAZIF S/O G
SUPPAIYAH MD FAIZAL

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

12/07/2020 22:06

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

SN 168

Authentication Stamp

NP168

