

MSME20064288 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 30/07/2020 13:15
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 30/07/2020 13:15
Date Of Accident 29/07/2020 16:15
Exact Location Of Accident SIMEI ST 3
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDY9018L
Insured/Policyholder
Name Of Registered Owner LUM WAI CHAI
NRIC No SXXXX453I
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-96843707
Alternative Phone No OFFICE-96843707

Vehicle Particulars

Manufacturer TOYOTA
Model RUSH
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 THIRD PARTY
Fleet Policy NO
Policy Number 5109759761
Cover Note Number

Driver

Name of Driver LUM WAI CHAI
NRIC No SXXXX453I
Date Of Birth 07/07/1970
Occupation INDOOR
Date Of Driving Pass 07/09/1995
Driving Experience 24 YEARS AND 10 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96843707
Fax Number
Contact Number OFFICE-96843707
EMail Address NOEMAIL

Address BLK 463 ANG MO KIO AVE 10 #08-1130
 Postcode 560463
 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 RAINING
 Road Surface WET

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) 2
 Passenger 1
 NAME: : SOMAN
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20200730/2031.

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 GBJ786P
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver PACKIR MOHAMED JIYAVUDEEN
 NRIC/Passport Number GXXXX511K
 Contact Number 81703789
 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LUM WAI CHAI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SDY9018L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

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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.

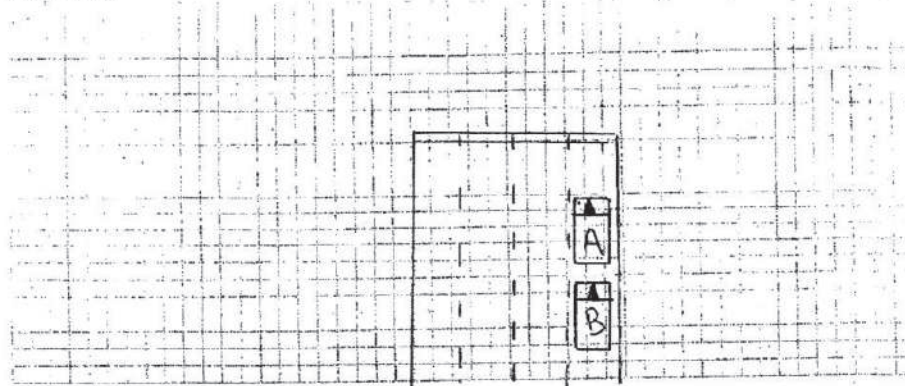

Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See Police Report

DECLARATION

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

Policyholder's Signature

Date & Time:

30/7/20

Driver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200730/2031

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 4

Report No. T/20200730/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2020 11:04		Vide Report No.:		Station Diary No.: 31	
Name of Informant: LUM WAI CHAI		Address: APT BLK 463 ANG MO KIO AVENUE 10 #08-1130 SINGAPORE 560463			
ID Type / ID No.: NRIC NO / S70214531		Contact No.: Home/Office: Mobile: 96843707			
Nationality: SINGAPORE CITIZEN		Email: lumwaichai@gmail.com			
Sex: Male	Age: 50	Date of Birth: 07/07/1970	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2020 16:15	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 SIMEI AVENUE SIMEI STREET 3 T-Junction of Simei Ave and Simei Street 3				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

GBJ786P	Van	NISSAN		Green	Seriously Damaged	0
SDY9018L	Car	TOYOTA	RUSH 1.5 A	Silver	Seriously Damaged	1

SDY9018L	NTUC Income Insurance Co-Operative Limited	5109759761	23/05/2019	25/09/2020
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Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200730/2031

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Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20200730/2031

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	PACKIR MOHAMED JIYAVUDEEN	ID No.	G5312511K
Related Vehicle	GBJ786P (Van)	Contact No.	81703789
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name	LUM WAI CHAI	ID No.	S70214531
Related Vehicle	SDY9018L (Car)	Contact No.	96843707
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	30/07/2020	Date Discharge	30/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name	SOMAN	ID No.	G5330536P
Related Vehicle	SDY9018L (Car)	Contact No.	90088243
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29 July 2020 at about 1615hrs, I was driving my vehicle (SDY9018L) sending a male passenger to Simpang Bedok. When I stopped my vehicle at the T-Junction of Simei Ave and Simei Street 3 due to the traffic light had turn red. Out of a sudden one Van (GBJ786P) hit onto my rear side of my vehicle which cause my vehicle to move forward.

After the accident I checked with my passenger if he did suffer any injury but at that moment he informed that he did not suffer any injury. Thereafter I alighted the vehicle and check on the Van driver condition, he informed that he does not suffer any injury and we exchanged particular I left the location.

I wish to state that on 30 July 2020 in the morning I felt pain at my neck area thus I proceeded to TTSH to

Sketch Plan #5 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200730/2031

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20200730/2031

CONTINUATION OF REPORT

seek for medical treatment, my Grab company informed me that my passenger had went to seek for medical treatment but I do not know his condition.

Sketch Plan #6 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20200730/2031

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Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20200730/2031

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 /

Sr Staff Sgt SIM CHENG SIONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

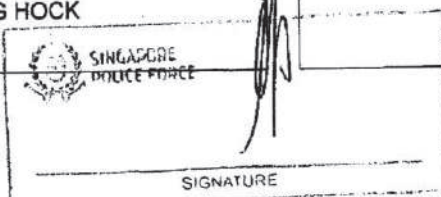
TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Authentication Stamp

NP168



Signature Of Informant:

Date/Time:

30/07/2020 11:04

Classification Of Case: