

SS1Y20CB0009 / SME MOTOR PTE LTD
ENTRY DATE & TIME: 11/12/2020 16:49 (SGT)
SUBMITTED BY: Chia Pei Ying
VERSION: 1 (11/12/2020 16:49 (SGT))



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 Submission 11/12/2020 16:49 (SGT)
Date of Accident 11/12/2020 10:45 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE TOWARDS CITY BEFORE ANG MO KIO AVE 1 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGT3218G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE SHY MIN
NRIC No SXXXX835B
Email Address leehymin81@yahoo.com.sg
Mobile Phone No (Phone) +65-90998120
Alternative Phone No +65-90998120

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Aviva
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 10909949
Cover Note Number -

DRIVER

Name of Driver TAN WENG HENG EDEN
NRIC No SXXXX874E
Date Of Birth 27/03/1980
Occupation Indoor



Date Of Driving Pass 30/07/2001
 Driving experience 19 YEARS AND 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-90929098
 Alt. Phone Number +65-90929098
 Email Address edentanyx@gmail.com
 Address BLK 334D YISHUN ST 31 #15-133
 Address complement -
 Postcode 764334
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Friend
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver -
 Insurance Company of Other Vehicle Owned by Driver -

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 the accident? No
 Number of vehicles involved in the accident 2
 Was anybody injured in the Accident? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 1
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Woodlands Division Headquarters
 Police Station Phone No (Phone) +65-18004660000
 Police Station Address 1 Woodlands St 12 Singapore 738622
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: L/20201211/7016.

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 GBG1578H
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -
 Address -



Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEHICLE B
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TAN WENG HENG EDEN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SGT3218G
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

SKETCH PLAN**IMPORTANT NOTICE**

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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 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.

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop Leang Automotive via email / fax.

Signature: _____

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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SINGAPORE POLICE FORCE



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POLICE REPORT (NP299)

Report No. L/20201211/7016

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 11/12/2020 13:12	Vide Report No.	Station Diary No.
Name Of Informant TAN WENG HENG, EDEN	Address 334D YISHUN STREET 31 #15-133 SINGAPORE 764334	
ID Type / ID No. RIC NO / S8010874E	Contact No. Home/Office: Mobile: 90929098	
Nationality SINGAPORE CITIZEN	Email Address edentanyx@gmail.com	
Occupation Dental technician	Sex Male	Age 40
Institution/School Name	Date of Birth 28/03/1980	Race Chinese
Date/Time Of Incident 11/12/2020 10:45 - 11/12/2020 10:55	Location Of Incident 334D YISHUN STREET 31 #15-133 SINGAPORE 764334	

Brief details.

I was travelling along CTE towards city before Ang Mo kio Ave 1 exit at around 1045am, the traffic was heavy at the point of time.

My car SGT3218G was stationary due to the heavy traffic when suddenly a lorry GBG1578H came & bang me from the back.

The doctor issue me a 5 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2020 13:12
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20201211/7016

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20201211/7016

Subjects Involved			
Suspect			
Person Name	Lim Boon Kak		
ID Type	NRIC NO	ID No	S1779821I
Gender	Male	Age	50
Race	Chinese		
Victim			
Person Name	TAN WENG HENG, EDEN		
ID Type	NRIC NO	ID No	S8010874E
Gender	Male	Age	40
Race	Chinese	Language	English
Occupation	Dental technician	Address	334D YISHUN STREET 31 #15-133 SINGAPORE 764334
Mobile No	90929098	Is Informant A Victim?	Yes
Person Name			
TAN WENG HENG, EDEN (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

11/12/2020 13:12

Classification Of Case:

Authentication Stamp