SS1Y211B000M-01 / SME MOTOR PTE LTD ENTRY DATE & TIME: 11/01/2021 17:53 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 2 (12/01/2021 09:27 (SGT))



# SINGAPORE ACCIDENT STATEMENT

# 159 Tick Hai Motor

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
  2. This Form must be <u>completed by the Policyholder and or the Authorised Driver</u>
  3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

- 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 helpely 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 11/01/2021 17:53 (SGT) Date of Accident 09/01/2021 10:55 (SGT) Exact Location of Accident Singapore KPE TUNNEL TWDS CITY (NEAR HOUGANG) Additional Location Information Country/State of Loss Singapore

EHICLE						
DETAILS OF OWN VEHICLE						
36G						
SIU BENG .760B /quekres@gmail.com ) +65-91198583						

#### VEHICLE PARTICULARS

Hyundai Manufacturer Model Tucson Variant 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? Vehicle Category

Private use

No - Claiming third party Private car

#### INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy No Policy Number 2100221886-10 Cover Note Number

#### DRIVER

Name of Driver NRIC No Date Of Birth Occupation

QUEK SIU BENG SXXXX760B 05/09/1972 Indoor



Date Of Driving Pass

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No. Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: F/20210111, 7020.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

23/06/1998

+65-91198583

Chain Collision

Clear

Dry

No

Yes

Yes

1

No

Yes

No

Ang Mo Kio Division Headquarters

51 Ang Mo Kio Avenue 9 Singapore 569784

(Phone) +65-18002180000

(Fax) +65-64814246

No

5

828748

Yes

No

22 YEARS AND 7 MONTHS

anthonyquekres@gmail.com

19 PUNGGOL FIELD WALK #12-11

(Phone) +65-91198583

Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

SMU6663H

Private car

Accident report SS1Y211B000M

Page 2 of 18

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

VEHICLE B

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour Vehicle Category

Name of Driver

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SMR2854R

Private car

VEHICLE C

#### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SLZ5135H

Private car

VEHICLE D

#### **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category

Name of Driver Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

SME4861A

Private car

**VEHICLE E** 

#### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ampulance?

QUEK SIU BENG

SJR8036G

Yes

No



# I authorise 50 Tick Hai Motor to have services a copy of my accident GIA report.

#### SKETCH PLAN

#### 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.
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  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. 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 (all insurers) 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:
  - 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 malling 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.

Policyhoider's dignature

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

SKETCH PLAN #2

SKETCH PLAN

Vehicle E (SME 486 IA)

A vehicle D (SCZ5135 H)

A vehicle C (SMR 2854R)

A vehicle A (SJR 8036G)

Vehicle B (SMU 6663H)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCOMSTATORS TO	
I was driving ins	side KPE tunnel towards City.
In front vehicle	suddenly braked. I manage
to brake in the	to avoid collision. However,
vehicle B could	not brake in time resulting
in hitting onto t	he rear portion of my
vehicle The ma	pact of the collision resulted
in my vehicle to	o move forward and hit
onto the rear	portion of vehicle C.

DECLARATION

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

Policyholder Parature
Date & Time:

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



1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 569784 Tel No:1800-2180000

Report No. F/20210111/7020

Date/Time Report Made 11/01/2021 15:02	Vide Report No.			Station Diary No.
Name Of Informant	Address			
QUEK SIU BENG	That is a second of the second		SINGAPORE	
GOEN GIO DEIVO				
ID Type / ID No.	Contact	No.		
NRIC NO / S7231760B	Home/C	office:	Mobile:	
			91198583	
Nationality	Email A	Email Address		
SINGAPORE CITIZEN	anthony	anthonyquekres@gmail.com		
Occupation	Sex	Age	Date of Birth	Race
jobless	Male	48	07/09/1972	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 09/01/2021 10:55 - 09/01/2021 11:00	Location Of Incident KALLANG PAYA LEBAR EXPRESSWAY			
Brief details.				
I was driving inside KPE tunnel towards of	ity. In front ve	hicle sudde	nly braked. I mana	aged to brake in time
to avoid collision. However, my rear vehic				
my car to spur forward and hit the vehicle				
Thy can to span forward and the the vernore	mi morti or mo			
Subjects Involved		E E E E		
Victim				
Person Name QUEK SIU BENG				
Signature Of Officer Recording The Repo	ort.	Signa	ature Of Informant dentity of the pers	on making this
Not applicable		repor	t has been auther Pass. No signature	iticated by

Date/Time: 11/01/2021 15:02

Classification Of Case:

Authentication Stamp

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case:

POLICE REPORT #2





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210111/7020

ID Type	NRIGNO	ID No	S7231760B
Gender	Male	Age	48
Race	Chinese	Language	English
Occupation	jobless	Address	19 PUNGGOL FIELD WALK
			#12-11 SINGAPORE 828748
Mobile No	91198583	Is Informant A	Yes
		Victim?	

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 11/01/2021 15:02
Classification Of Case:

Authentication Stamp

### > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	760B
Vehicle Details	阿爾爾斯斯斯斯斯斯 医精神病 医中枢性神经炎 医多种性性炎
Vehicle No.:	SJR8036G
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jan 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	TUCSON2.0A
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	G4GC9540332
Chassis No.:	KMHJN81BR9U119214
Maximum Power Output:	104.0 kW (139 bhp)
Open Market Value:	\$14,995.00
Original Registration Date:	15 Jul 2009
First Registration Date:	15 Jul 2009
Transfer Count:	0
Actual ARF Paid:	\$14,995.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details COE Expiry Date:	30 Apr 2024
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$17,706.00
COE Rebate Amount:	\$11,676.00
Total Rebate Amount:	\$11,676.00

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 13 Jan 2021

