

VEHICLE NO: SMM5934A

MAKE & MODEL : MITSUBISHI ATTRAGE

A/CB / MANUAL

DATE OF ACCIDENT	20 / 04 / 2023	CC 1-2 CVT
TIME OF ACCIDENT	0950 hrs	AM / PM
LOCATION OF ACCIDENT	Slip Road of Chua Chu Kang Grove towards Brickland Road	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	CHAN PHOOI WAI	
EMAIL	CREVY@FLEXOLUTION.COM-SG	Office: MOBILE: 91148901
NRIC	S7379125A	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	INCOME	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5123433282-01	
NAME OF DRIVER	AS ABOVE / IF NO.	
NRIC	S7379125A	
DATE OF BIRTH	31 / 03 / 1973	
ANY PASSENGER	YES / NO: 2 MALE	
NAME OF PASSENGER	UNKNOWN	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	07 / 04 / 2007	
GENDER	Male / Female	
CONTACT NO	Mobile: 91148901	Office:
EMAIL	CREVY@FLEXOLUTION.COM-SG	
ADDRESS	BLK 197B BOON LAY DRIVE #17-93 S(642197)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No, OWNER	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? DRIVER, BACK & NECK PAIN	
CONVEYED BY AMBULANCE	NO / If yes, Who?	
POLICE REPORT	No / If yes, Where? ON LINE	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO	SLZ 87835	Any Passenger: +
NAME		
CONTACT NO		
VEHICLE C NO	Any Passenger:	
VEHICLE D NO	Any Passenger:	
VEHICLE E NO	Any Passenger:	
VEHICLE F NO	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Who is Reporting	Driver / Owner / Both	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

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.
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. 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.

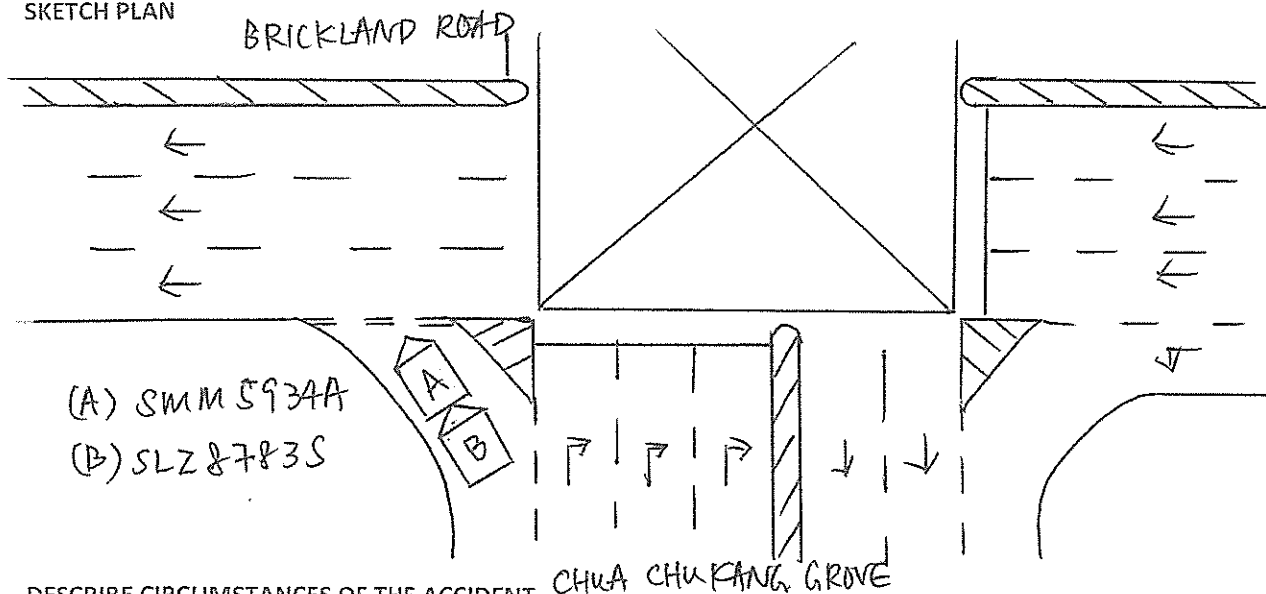

Policyholder's Signature
Date & Time: _____


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

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

I hereby authorise SME Motor Pte Ltd to send my
Accident report to my workshop _____
via email / fax
Signature: _____

SKETCH PLAN



(A) SMM 5934A
(B) SLZ 8783S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

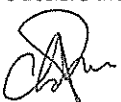
PLEASE REFER TO TP REPORT

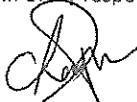
NO. T/2023 0420 / 7029


Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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


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.:



**SINGAPORE
POLICE FORCE**



T/20230420/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230420/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2023 12:57		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHAN PHOOI WAI			Address: 197B BOON LAY DRIVE #17-95 SINGAPORE 642197		
ID Type / ID No.: NRIC NO / S7379125A			Contact No.: Home/Office: Mobile: 91148901		
Nationality: SINGAPORE CITIZEN			Email: CREVY@FLEXOLUTION.COM.SG		
Sex: Female	Age: 50	Date of Birth: 31/03/1973	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/04/2023 09:00	Type of Location: SLIP ROAD
Location: CHUA CHU KANG GROVE				
Weather: Raining		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ8783S	Car					0
SMM5934A	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Grey		2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM5934A	NTUC Income Insurance Co-Operative Limited	5123433282-01	29/08/2022	28/08/2023



SINGAPORE
POLICE FORCE



T/20230420/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230420/7029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN PHOOI WAI	ID No.	S7379125A
Related Vehicle	SMM5934A (Car)	Contact No.	91148901
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	20/04/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On 20/04/2023 at about 0900 hours at along slip road of Chua Chu Kang Grove towards Brickland Road. I was travelling on the above mentioned slip road and I slow down and stop for clearance of main traffic. Suddenly I heard a loud bang from behind and when I alighted I realized that it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle. After the accident, I felt unwell and went to consult a doctor and was awarded 5 days of MC for my injury. I have 2 passengers onboard my vehicle.

Vehicles involving in the situation:

- (A) SMM5934A
- (B) SLZ8783S



**SINGAPORE
POLICE FORCE**



T/20230420/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230420/7029

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG LESLIE
Contact No.: 65476151

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
20/04/2023 12:57

Classification Of Case: