

SS2X24BK000J / SME MOTOR PTE LTD
ENTRY DATE & TIME: 20/11/2024 17:17 (SGT)
SUBMITTED BY: Chia Pei Ying
VERSION: 1 (20/11/2024 17:17 (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 Actual 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 First Submission	20/11/2024 17:17 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/11/2024 01:41 (SGT)
Exact Location of Accident	Selegie Rd, Singapore
Additional Location Information	TWDS SERANGOON RD & BUKIT TIMAH RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA960H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	EMPEROR LEASING PTE LTD
Company Reg No	201924202H
Email Address	ADMIN@EMPERORMOTORS.COM
Mobile Phone No	(Phone) +65-80639739
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5127042269-02

DRIVER

Name of Driver LENG SAY HOE NICHOLAS
 NRIC No S9031930B
 Date Of Birth 30/08/1990
 Occupation Indoor
 Driving Pass Date 19/07/2019
 Driving License Pass Class 3A
 Driving License Validity Valid
 Driving experience 5 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-92322984
 Alt. Phone Number -
 Email Address ADMIN@EMPERORMOTORS.COM
 Address 292 UPPER THOMSON ROAD
 Address complement -
 Postcode 574405
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 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 Side Swipe
 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? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other vehicle 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
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

AS OF ABOVE DATE AND TIME, I WAS DRIVING MY VEHICLE (SNA960H) ALONG SELEGIEROAD ON THE SECOND FROM THE RIGHT LANE (LANE 2) OF A 5 LANES ROAD. AT THE JUNCTION OF BUKIT TIMAH RD, I PROCEEDED TO DRIVE OFF WHILE FOLLOWING THE DOTTED LINE ON MY DESIGNATED LANE. OUT OF A SUDDEN, VEHICLE B (SHD5859R) FILTERED FROM THE LEFT OF MY VEHICLE INTO THE FRONT OF MY VEHICLE. AS A RESULT, VEHICLE B RIGHT PORTION COLLIDED INTO THE LEFT FRONT PORTION OF MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD5859R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-92487676
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.
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.



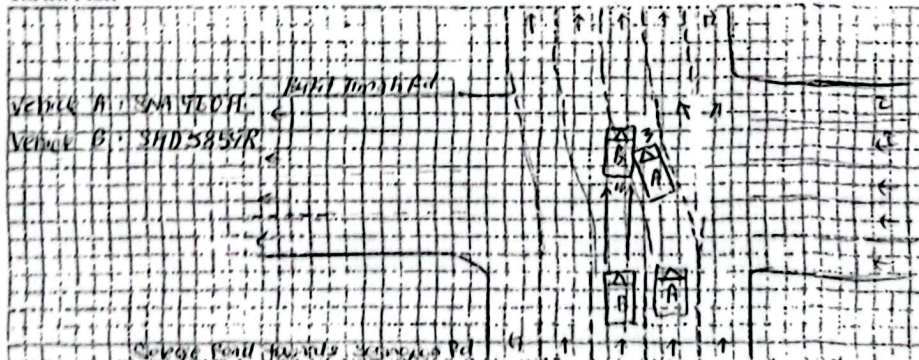
Handwritten signature

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As of above date & time, I was driving my vehicle (SWA96UH) along Selkirk Rd on the 2nd from the right Lane (Lane 2) of a 5 Lane Road. At the junction of Rutland Rd, I proceeded to drive off while following the dotted line on my designated line. At of a sudden, vehicle B (SHD5854R) turned from the left of my vehicle into the front of my vehicle. As a result, vehicle B right portion collided into the left front portion of my vehicle.

Video footage obtained.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel