SS4824CL0001 / SME MOTOR PTE LTD ENTRY DATE & TIME: 21/12/2024 10:38 (SGT) SUBMITTED BY: CHRIS ANG VERSION: 1 (21/12/2024 10:38 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### 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 Actual 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 oplicy 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 21/12/2024 10:38 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 20/12/2024 14:35 (SGT) **Exact Location of Accident** Braddell Rd, Singapore Additional Location Information TOWARDS LORNIE VIADUCT BEFORE LOR 8 TOA PAYOH Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Private hire

Private hire

Auto

1800

No - Claiming third party

Vehicle Registration Number SNK2451U

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

VEHICLE PARTICULARS

INSURED/POLICYHOLDER

Manufacturer Toyota Model Voxy Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

Vehicle Fuel First Regisration Date Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5139430242-01

DRIVER

Name of Driver KH'AFAR BIN MD DAN NRIC No S1513082B Date Of Birth 03/08/1961 Occupation Outdoor Driving Pass Date 11/01/2000 **Driving License Pass Class Driving License Validity** Valid Driving experience 24 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-96461147 Alt. Phone Number **Email Address** ADMIN@EMPERORMOTORS.COM Address 114 YISHUN RING RD #03-577 Address complement Postcode 760114 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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 & TIME, I WAS DRIVING MY VEHICLE (SNK2451U) ALONG BRADDELL ROAD TOWARDS LORNIE VIADUCT ON THE MIDDLE LANE OF A 5 LANE ROAD BEFORE LOR 8 TOA PAYOH, I WAS DRIVING STRAIGHT IN MY LANE WHEN SUDDENLY VEHICLE (SJK82L) ENROACHED FROM THE LANE TO MY LEFT (LANE 4) & COLLIDED ONTO THE REAR PORTION OF MY VEHICLE AFTERWARDS VEHICLE B COLLIDED ONTO THE REAR PORTIONOF VEHICLE C (SMA2357S) WHICH WAS LOCATED INFRONTOF MY VEHICLE. VIDEO ATTACHED

Yes

Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

ATTACHMENT(S)

# DETAILS OF OTHER VEHICLE PROPERTY 1

SJK82L
-
-
V <u>B</u>
Private car
-
-
-
-
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21
- 1
2

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SMZ2357S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
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)	-

### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the socident 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 furthful and accurate as possible. Any withil misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The Issue and acceptance of this Form by incurance-companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 8. This report will be forwarded by the insurers to 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,
- 8. Consent under the Personal Data Prefection 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/meti 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 vyers/faw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (i

Witnessed by Reporting Centre Personnel

Braudul Rocal Howards Lornie Viadulot Defore Loc & Toa payoh Vehicle A SAR 2451U Vehice B : STK 82L 6

	Of above date 8 time, I was driving my vehicle (3NK245)	511
119		
along	Braddell Road towards comie viaduit on the middle line	0
a 5	Love Rd. Before to 8 Ton payon, I was driving strain	91.
in	my have when suddenly, vehicle B(SJK82L) encreased from	He
18re .	to my left (Lane 4) 8 cell-and onto the left 120 portion	No.
of my	vehicle. Attends, vehicle B collected ento the new portion	_
of ve	ence (SM22357S) which was located introd of my relice	Ų.
video	tootage Attached	
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Declaration

We declare to foregoing particulars we true in every respect

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnal (Name as in NRIC/ID card)