

MSME17000637 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 03/01/2017 15:43

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 ability.
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 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 Report	03/01/2017 15:43
Date Of Accident	31/12/2016 12:45
Exact Location Of Accident	BLK 142 SIMEI ST 2 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6788Y
Insured/Policyholder	
Name Of Registered Owner	LEE VICTOR
NRIC No	S8604650D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84999282
Alternative Phone No	Office-84999282

Vehicle Particulars

Manufacturer	BMW
Model	318I-2.0 (A)

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? No

If No, Please state action to be taken Third Party

Vehicle Category Private Car

Insurance Company

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MV011138
Cover Note Number	

Driver

Name of Driver	LEE VICTOR
NRIC No	S8604650D
Date Of Birth	22/01/1986
Occupation	Indoor
Date Of Driving Pass	14/09/2004
Driving Experience	12 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-84999282
Fax Number	
Contact Number	Office-84999282
EMail Address	NOEMAIL

Address 5 FERNVALE CLOSE #16-10
 Postcode 797487
 Was driver an employee of the Insured's Company No
 If No, Relationship of the Driver with the Insured Owner
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident Damaged whilst parked
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? No
 Was any other material or property damaged? Yes
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. No
 Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police? No
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

MY VEHICLE WAS PARKED AT THE CARPARK OF BLK 142 SIMEI ST 2. AS I WENT BACK TO MY VEHICLE, I NOTICED THE FRONT PORTION OF MY VEHICLE WAS DAMAGED. ALSO, THERE IS A NOTE ON MY WINDSCREEN SAYING THAT MY CAR WAS BEING HIT WITH THIRD PARTY'S NUMBER. SO, I CALLED THE NUMBER STATED AND MEET UP WITH DRIVER B (SDS297M). DRIVER B REQUESTED FOR PRIVATE SETTLEMENT. OUT OF GOODWILL, I AGREED. DRIVER B ALSO REQUESTED ME TO SIGN PRIVATE SETTLEMENT FORM BEFORE HE TRANSFER THE MONEY WHICH I DID. HOWEVER, AFTER SIGNING THE PRIVATE SETTLEMENT FORM, DRIVER B DEMANDED FOR THE ORIGINAL COPY AND PAY HALF THE AMOUNT FIRST. THEN, I INFORMED DRIVER B THAT I FELT UNCOMFORTABLE PRIVATE SETTLING WITH HIM AND WITHDREW MY PRIVATE SETTLEMENT AND CLAIM AGAINST HIS INSURANCE.

Attachment(s)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDS297M
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan Pg.1

SKETCH PLAN**IMPORTANT NOTICE**

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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 Traffic Police Department for investigation.
6. 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 interest parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of his 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 my 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

my part of blk 142
 Simei 84 2

A: SLF 67887
 B: SDS 29717

Sketch Plan #2 Pg.1

Describe Circumstances of the Accident

My vehicle was parked at the carpark of Blk 142 Simei st 2.

As I went back to my vehicle, I noticed that the front portion of my vehicle was damaged.

Also, there is a note on my windscreen saying that my car was being hit with 3P's number

So I called the number stated and met up with driver B (SDS297M).

Driver B requested for private settlement. Out of goodwill, I agreed.

Driver B also requested me to sign the private settlement form before he transfer the money which I did.


However, after signing the private settlement form, driver B demanded for the original copy and to pay half the amount first.

Then I informed driver B that I felt uncomfortable private settling with him and withdrew my private settlement and claim against his insurance.

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

Witnessed by Reporting
Centre Personnel

Insurance Co. : TORO MARINE
Vehicle NO. : SLF 67884 Date of Accident: 31 / 12 / 2006
☐ Reporting Only
☐ Own Damage
☒ Third Party Claim NEW HOCK TEE