

MSME17058207 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 28/04/2017 15:41

## 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	28/04/2017 15:41
Date Of Accident	27/04/2017 19:15
Exact Location Of Accident	BEFORE FORT RD EXIT INSIDE MCE TUNNEL.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX4627J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH LIAN HWA
NRIC No	S1446634G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96309664
Alternative Phone No	OFFICE-96309664

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTER

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077036344-01
Cover Note Number	

### Driver

Name of Driver	SEOW FOOK SIONG GERARD
NRIC No	S1612497D
Date Of Birth	13/06/1963
Occupation	INDOOR
Date Of Driving Pass	06/10/1986
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96458840
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 712 PASIR RIS ST 72 #14-47  
 Postcode 510712  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured SPOUSE  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident COLLISION- HEAD TO REAR (TP HIT INSURED)  
 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) 2

**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 SKX4627J WAS MOVING AT SLOW SPEED INSIDE MCE TUNNEL AS TRAFFIC IN FRONT OF US WAS HEAVY. SUDDENLY, THERE WAS A LOUD BANG FROM OUR REAR VEHICLE. I CAME DOWN AND REALIZED IT WAS VEHICLE B YM9229J THAT HIT ONTO MY REAR PORTION OF MY VEHICLE.

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number YM9229J  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Name of Driver HASSAN SHAWKAT  
 NRIC/Passport Number  
 Contact Number 96774465  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**Details of Witness**

Name  
 Phone Number  
 Email Address

## Accident Sketch Plan Pg. 1

## 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:

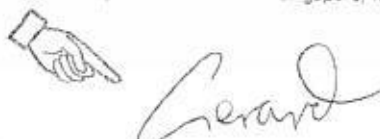
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 making 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 28/4/17 @ 11:50 AM & Time  
Sketch Plan



Driver's Signature (if driver is not the policyholder) / Date  
28/4/17 11:50am

Witnessed by Reporting Centre  
Personnel

MCE Tunnel



Veh A: 8KX4627J

Veh B: YM9229J

## Accident Sketch Plan Pg. 1

## Describe Circumstances of the Accident

My vehicle SKX4627J was moving at a slow speed inside MCE tunnel as traffic in front of us was heavy.

Suddenly, there was a loud bang from our rear vehicle. I came down and realise it was veh B YMG29J that hit onto my rear portion of my vehicle.

## Declaration

We declare the foregoing particulars are true in every respect.



*Signature*



*Signature*

Policyholder's Signature / Date & Time

28/4/17 11.50am

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

28/4/17 11.50am

Witnessed by Reporting Centre Personnel

Insurance Co.	NTUC		
Vehicle NO.	SKX4627C	Date Of Accident	27, Apr, 2017
<input type="checkbox"/> Reporting Only			
<input type="checkbox"/> Own Damage Claim			
<input checked="" type="checkbox"/> Third Party Claim	2 - one		