

MSME17059249 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 05/05/2017 15:32

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	05/05/2017 15:32
Date Of Accident	04/05/2017 18:40
Exact Location Of Accident	ANG MO KIO ST 42
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV435E
Insured/Policyholder	
Name Of Registered Owner	JJ SINGAPORE TRADING
Co Reg No	53131692X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96606257

Vehicle Particulars

Manufacturer	KIA
Model	PREGIO

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	005312
Cover Note Number	

Driver

Name of Driver	SOH PECK SENG
NRIC No	S0638761F
Date Of Birth	11/08/1951
Occupation	INDOOR
Date Of Driving Pass	28/03/1969
Driving Experience	48 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96606257
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 424 ANG MO KIO AVE 3 #07-2430
 Postcode 560424
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION- CHANGE/CROSS LANE
 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

I WAS TRAVELLING ALONG THE LEFT LANE OF ANG MO KIO ST 42 OF 2 LANES. SUDDENLY, I FELT AN IMPACT. VEHICLE B ENCROACHED INTO MY LANE AND HIT ON THE RIGHT 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 PC5188D
 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 PLANIMPORTANT NOTICE

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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 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 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 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.

11 SINGAPORE TRADING

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Ang mo kio at 42

A: 6V435E

B: PC5188D

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I was travelling along the left lane of Ang Mo Kio St 42 of two lanes.

Suddenly, I felt an impact. Vehicle B encroached into my lane and hit on the right portion of my vehicle.

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. : ETIQA
Vehicle NO. : GV4356 Date of Accident: 04 / 05 / 2017

☐ Reporting Only☐ Own Damage

☒ Third Party Claim NEW HOEC TRCO

Sketch Plan #3 Pg. 1

eTiQa

Insurance

INTERVIEW FORMName (Driver) : Soh Peck SengPolicy No : 5312Vehicle No : AV435FPlace of Accident : Ang Mo Kio St 42Insured Driver's relationship with Insured : EmployeeDrink Driving of Insured and/or Insured Driver : —No of passenger(s) in Insured vehicle : 01

Injury to Insured and/or Insured driver, please indicate which hospital:

—Third Party Vehicle No (if any) : PC5188DNo of passenger(s) in Third Party Vehicle : UNKNOWN

Injury to Third Party driver and/or passenger(s), please indicate which hospital:

—

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:

—

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):

—

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

[Signature]
 Driver Name & Signature: **S. SINGAPORE TRADING**
 I, affirmed the above information is given to
 my best knowledge

Attended by (Name & Signature) / Date


Workshop Name: —

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 Singapore 048583

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