

MSME17142800 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 30/10/2017 10:51

## 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	30/10/2017 10:51
Date Of Accident	27/10/2017 14:30
Exact Location Of Accident	SLIP RD OF CLEMENTI RD TWDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD2526Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SH AUTO RENTAL AND LEASING PTE LTD
Co Reg No	201438489L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96388903
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	CAMRY
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073363788-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	SOH HOCK LENG
NRIC No	S1716132F
Date Of Birth	29/07/1965
Occupation	INDOOR
Date Of Driving Pass	26/07/1983
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93371062
Fax Number	
Contact Number	
E/Email Address	NOEMAIL

Address BLK 201 BEDOK NORTH ST 1 #10-535  
 Postcode 460201  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - -  
 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  
 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 STATIONARY ALONG SLIP ROAD OF CLEMENTI ROAD TOWARDS AYE ON 27/10/2017 @ 1420HRS. I WAS GIVING WAY TO THE VEHICLES ALONG THE MAIN ROAD. SUDDENLY, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY REAR. VEHICLE B COLLIDED ONTO 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 SJQ3535X  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Name of Driver NG TECK HUI  
 NRIC/Passport Number S7814012G  
 Contact Number 92717276  
 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

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6. The 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.
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 be 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 insurers, who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"; the Insurers, law firms/law firms, the Mediation 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 Insurers who have insured vehicle(s) involved in this accident and the Insurers' law firms/law firms may be 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 law firms/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

Champion Road 4 road 15 1/2

Vehicle: S1058267

Vehicle: S1058267 X

15/10/17

HUA MING

## Sketch Plan #2 Pg. 1

## Describe Circumstances of the Accident

I was stationary along side road of Clement,  
Road towards RYE on 27.10.2017 @ 1420hrs.

I was give way to the vehicles along  
the main road. Suddenly. I heard a bang  
sound and felt an impact from my rear.  
Vehicle B was collided onto rear portion  
of my vehicle.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Print



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

Witnessed by Reporting Centre  
Personnel