

MSME17159031 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 02/12/2017 13:18

## 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	02/12/2017 13:18
Date Of Accident	01/12/2017 12:45
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLD6258X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG SOOK LENG
NRIC No	S1599811C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98267702
Alternative Phone No	OFFICE-98267702

<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	X1
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MU007758-R00
Cover Note Number	

<b>Driver</b>	
Name of Driver	ISABEL WEE LI MIN
NRIC No	S9645388D
Date Of Birth	12/12/1996
Occupation	INDOOR
Date Of Driving Pass	10/03/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97392902
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address 17 BRIGHTON AVENUE  
 Postcode 559251  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured CHILDREN  
 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) 3

#### 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

ON 01/12/2017 AT ABOUT 12.45PM, I WAS TRAVELLING ALONG HOLLAND ROAD ON THE THIRD LANE. VEHICLE B (SBH59R) FROM THE SECOND LANE SUDDENLY SWERVED TO MY LANE FROM THE DOUBLE WHITE LINE THUS COLLIDED INTO THE FRONT RIGHT OF MY VEHICLE A (SLD6258X).

#### 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 SBH59R  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Name of Driver JEANNE CHEAH YU LIN  
 NRIC/Passport Number S2504310C  
 Contact Number 96706686  
 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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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

薛利敏  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 4:36pm

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

1/12/17

GIARMC SketchPlanForm\_V3

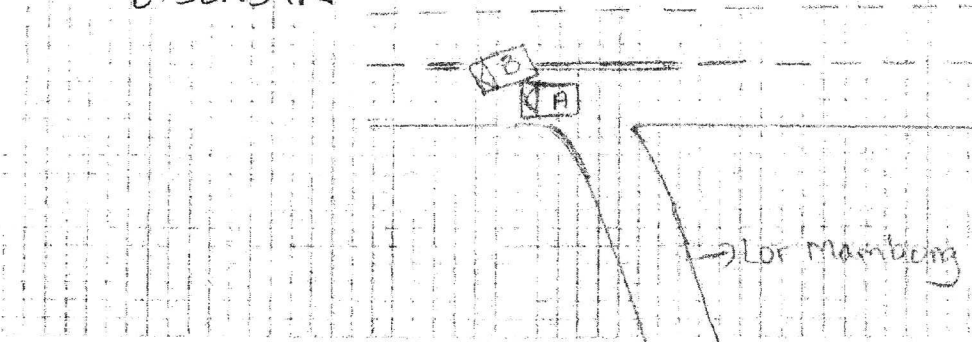
## Sketch Plan #2 Pg. 1

## SKETCH PLAN

Vehicle A: SLD6258X

Holland Road

B: SBH59R



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/12/2017 at about 12:45pm, I was travelling along Holland Road on the third lane. Vehicle B (SBH59R) from the second lane suddenly swerved to my lane from the double white line thus collided into the front right of my vehicle A (SLD6258X).

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date &amp; Time:

GIACC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time: 4:36pm

1/12/17

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No.:

PREMIUM CARE