

MSME1800756-01 / SME Motor Pte Ltd - Kak: Bukit
 ENTRY DATE & TIME: 02/01/2018 16:43
 SUBMITTED BY: Chia Pei Ying

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 02/01/2018 16:43
 Date Of Accident 30/12/2017 14:00
 Exact Location Of Accident ALONG AYE TWDS TUAS
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW4264P
Insured/Policyholder
 Name Of Registered Owner CHUA NANCY
 NRIC No S1651781Z
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-96800544
 Alternative Phone No OFFICE-96800544

Vehicle Particulars

Manufacturer HONDA
 Model STREAM

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 ERGO INSURANCE PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number DMPC17S017885

Cover Note Number

Driver

Name of Driver YUEN KOK WENG
 NRIC No S1671066J
 Date Of Birth 10/04/1964
 Occupation INDOOR
 Date Of Driving Pass 25/08/1982
 Driving Experience 35 YEARS AND 4 MONTHS
 Gender MALE
 Mobile Number +65-98396515
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address BLK 544 SERANGOON NORTH AVE 3 #15-166
 Postcode 550544
 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
 Weather Conditions DRIZZLING
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance?
 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? YES
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20171230/7008.

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 GY4523S
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLD1539T
 Vehicle Make/Model/Colour

Details Of Properties
Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

VEHICLE C

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

YUEN KOK WENG

SJW4264P

DETAILS OF INJURED PERSON 2

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

CHUA NANCY

SJW4264P

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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/are 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:

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

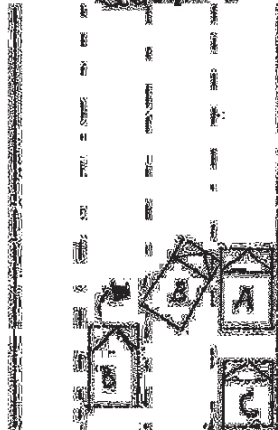
Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

PROGRESSIVE

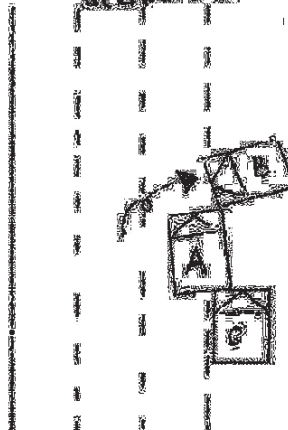
Accident Sketch Plan Pg. 1

SKETCH PLAN

Genotype



Summary



Vehicle A - Snowplow

Volume 8: C/45-338

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: a control group and an experimental group. The control group was divided into two subgroups: a control group and a control group. The experimental group was divided into two subgroups: an experimental group and an experimental group. The control group was divided into two subgroups: a control group and a control group. The experimental group was divided into two subgroups: an experimental group and an experimental group.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/30-11330/7000.

DECLARATION

I/We declare the foregoing particulars are true in all respects.

Relay holder's signature

Date & Time:

Sale & Terms

© 1997 by S. Karger AG, Basel

if danger is not the policeman's

1. Date & Time

Reporting Centre Personnel's Signature _____

 NATIONAL CENTER FOR EDUCATION STATISTICS
 U.S. DEPARTMENT OF EDUCATION

MAGNETIC

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSME18000756-01 Vehicle Registration No: SJW4264P
Name (as shown in NRIC) : Yuen kok Weng NRIC/FIN/Passport No : S1671066J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BK 544 Serangoon North Avenue 3 #15-166 Singapore (550544)
Contact (Tel) : 9389 6515 Mobile No. : _____
Email Address : yuenvi@icloud.com
Date of Accident : 30/12/2017 Time of Accident : 1400
Place of Accident : Along AYE towards Tuas
Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1) Amend Sketch Plan

Policyholder / Driver's Signature
Date:

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