MSR117169452 / SMRT Automotive Services Pte Ltd - Woodlands ENTRY DATE & TIME: 26/12/2017 16:51 SUBMITTED BY Susan Tan Soh Chern (Chen Shuzhen)

# 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 witholding 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.

Singapore (GIA) for archiving and that copies of this 7. By the lodgement of this report to the insurers, you aforesaid.	report will for a fee be flade available upon application by increase of the report being made available undereby consent to the archiving of this report at the centre and to copies of the report being made available	
To the second	ACCIDENT STATEMENT	
Date Of Report	26/12/2017 16:51	
Date Of Accident	23/12/2017 16:50	
Exact Location Of Accident	TAMPINES ST 32 BESIDE MACDONALD @ TAMPINES MART	
Country/State of Loss	SINGAPORE	
The state of the s	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKT8779Z	
Insured/Policyholder		
Name Of Registered Owner	LIN SIEW HONG THERESA	
NRIC No	S1264806E	
Email Address	THERESALINSH8@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-96735733	

OFFICE-88888888

Alternative Phone No Vehicle Particulars

HONDA Manufacturer

VEZEL-1.5 X CVT (A) Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy

5080961847-01 Policy Number

Cover Note Number

Driver

LIN SIEW HONG THERESA Name of Driver

NRIC No S1264806E 27/09/1957 Date Of Birth INDOOR Occupation 27/11/1978 Date Of Driving Pass

39 YEARS AND 0 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-96735733 Mobile Number

Fax Number

OFFICE-88888888 Contact Number

THERESALINSH8@GMAIL.COM EMail Address

BLK 271 TAMPINES ST 21

#07-109

520271 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD ON COLLISION Type Of Accident

CLEAR Weather Conditions

DRY Road Surface

Other Information

Address

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

: UNKNOWN

GENDER: : MALE

NAME.

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 23/12/2017 AT ABOUT 1650HRS AT ALONG TAMPINES ST 32 TOWARDS TAMPINES ST 34 BESIDE MACDONALD @ TAMPINES MART. I WAS TRAVELLING ON THE ABOVE MENTIONED ROAD AND WHEN COMING TOWARDS THE CAR PARK ENTRANCE OF MACDONALD @ TAMPINES MART, A VEHICLE (B) FROM THE OPPOSITE DIRECTION COLLIDED BY A VEHICLE (C) FROM THE REAR. THE IMPACT FORCED VEHICLE (B) INTO MY PATH AND COLLIDED ONTO MY FRONT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT. (A) SKT 8779Z (B) SJQ 1586L (C) GBE 8850K

#### 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

SJQ1586L

Vehicle Make/Model/Colour

SUZUKI SWIFT

Details Of Properties

Vehicle Category

PRIVATE CAR

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

GBE8850K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 2. This Farm must be completed by the Policynoider and/or the Author/see Drives.
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- By the lodgment of this report to the insurers have hereby consent to the archiving of this report at the tentre or and or pick sufficient being made available signessid.
- 2. Consent under the Personal Outs Protection Act (PDPA)
  - t understand, asknowledge, agree and consent that:
  - (a) My insurer, my workshop and the General Insurence Association of Singapore ("GIA") may/are permitted to sollest, 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 Monotary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
    - (2) processing, handling and/or dealing with my delime including the entirement of the claims and any necessary investigations relating to the claims;
    - (ii) investigating the actifications (or my claims;
    - (iii) carrying out and/or dealing with my instructions or responding to any enquries by me;
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- Colombiae (15 gradum) Colombiae (15 gradum) Driver's Signature
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Reporting Control Responsible Synchology

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