

MSME18002565 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 05/01/2018 15:12
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	05/01/2018 15:12
Date Of Accident	05/01/2018 10:20
Exact Location Of Accident	ALONG BEDOK NORTH RD (FROM BARTLEY RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG3903U
Insured/Policyholder	
Name Of Registered Owner	DW LIMO SERVICES
Co Reg No	53281840K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93805931

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083409942-01
Cover Note Number	

Driver

Name of Driver	CHOON YIH KUONG
NRIC No	S1780920B
Date Of Birth	22/02/1966
Occupation	INDOOR
Date Of Driving Pass	19/05/1987
Driving Experience	30 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93805931
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 257A COMPASSVALE ROAD #11-505
 Postcode 541257
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 Weather Conditions RAINING
 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? NO
 Was any injured conveyed to hospital by ambulance? 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
 Passenger 1
 NAME: : UNKNOWN
 GENDER: : MALE

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 05/01/2018 AT ABOUT 10.18AM, I WAS STATIONARY ALONG BEDOK NORTH ROAD IN MIDDLE LANE WITH A PASSENGER WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN IN MY FAVOUR. SUDDNELY, I FELT AN IMPACT FROM THE RIGHT AND I SAW MY RH SIDE MIRROR FLUNG ON THE ROAD AND VEHICLE B (SJP6506R) RAN AWAY AFTER COLLIDING MY CAR. SO, I IMMEDIATELY TRIED TO CHASE VEHICLE B AND KEEP HORNING HIM TO STOP UNTIL A NEARBY BUS STOP ALONG BEDOK NORTH ROAD. VEHICLE B DRIVER STOP ON THE LEFT ROAD SIDE AND COME OUT FROM HIS CAR TO EXCHANGE PARTICULARS. I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SJP6506R)'S INSURANCE FOR MY ACCIDENT DAMAGES. I WISH TO STATE THAT MY CAR HAS INSTALLED CAMERA RECORDER AND I WILLING TO PROVIDE THE EVIDENCE FOR MY ACCIDENT DAMAGES CLAIM PURPOSE.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: -
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJP6506R
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver G RAJASEGAR
 NRIC/Passport Number S1716184I
 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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/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:

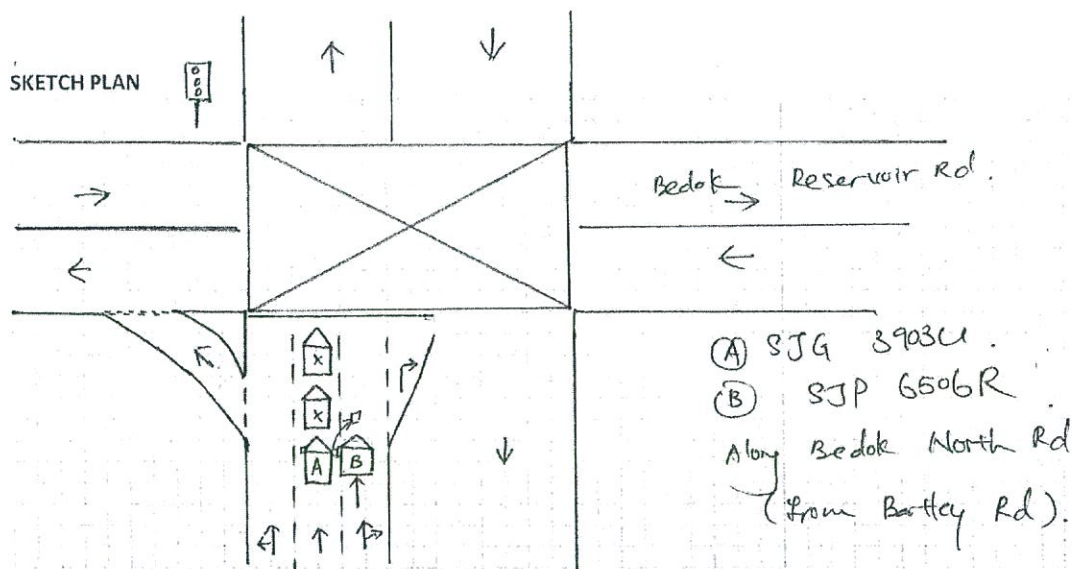


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

PRECE

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05-01-2018 @ about 10:18am I was stationary along Bedok North road in middle lane with a passenger waiting for the traffic light turn green in my favour. Suddenly I felt an impact from the right and I saw my RH side mirror flung on the road and Vehicle B (SJP 6506R) ran away after collided my car. So I immediately tried to chase the Vehicle B and kept hooting him to stop until nearby a bus stop along Bedok North Rd, the Vehicle B's driver stop on the left road side and came out from his car to exchange particulars. I here to lodge this report to claim against vehicle B (SJP 6506R)'s Insurance for my accident damages. I wish to state that my car has installed camera recorder and I willing to provide the evidence for my accident claim purpose.

DECLARATION

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:

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