

MSME18011418 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 23/01/2018 14:54
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 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 23/01/2018 14:54
Date Of Accident 22/01/2018 15:30
Exact Location Of Accident PIE TWDS TUAS BEFORE ADAM RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGA197C
Insured/Policyholder
Name Of Registered Owner TAN SOK KIANG
NRIC No S1327966G
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-94763649
Alternative Phone No OFFICE-94763649

Vehicle Particulars

Manufacturer MAZDA
Model 3
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 SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage THIRD PARTY
Fleet Policy NO
Policy Number D17MTPV01014527
Cover Note Number

Driver

Name of Driver KOH TENG CHYE
NRIC No S0181976C
Date Of Birth 06/08/1950
Occupation INDOOR
Date Of Driving Pass 16/09/1968
Driving Experience 49 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-86301863
Fax Number
Contact Number
Email Address NOEMAIL

Address 1 SURIN LANE
 Postcode 535542
 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 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) 1

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 22/01/2018 AT 3.30PM, AS I WAS DRIVING ALONG PIE TOWARDS TUAS AND SLOW DRIVE DUE TO HEAVY TRAFFIC. THE CAR (SKL4532L) HIT MY CAR IN THE BACK.

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 SKL4532L
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver THUM YUET SIEW
 NRIC/Passport Number S0200716I
 Contact Number 81117244
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

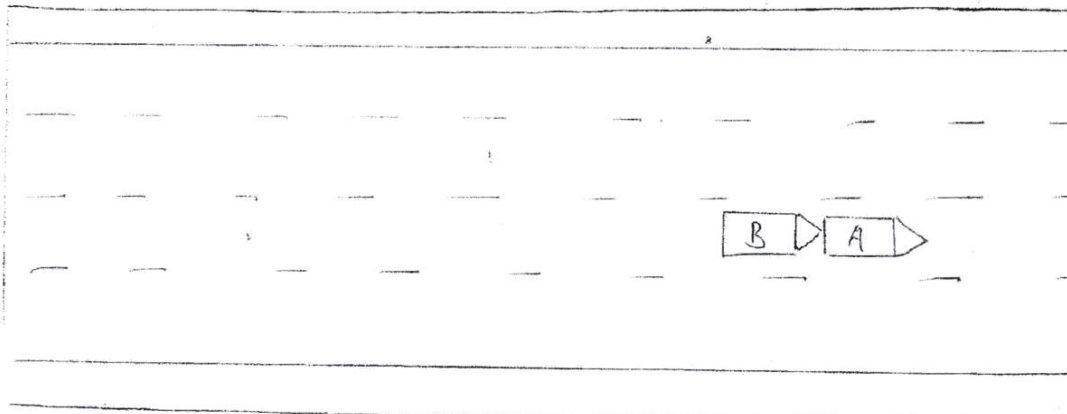
1. Please report correctly the details of the accident to speed up the claims process.
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 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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/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.

Patan
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

on 22 jan 2018, 3:30pm, as I was driving along PIC toward Tinas
and slow drive to heavy traffic, the car (8KLH532L) Hit my car
in the back.

Declaration

(We declare the foregoing particulars are true in every respect.

pa/any
Policyholder's Signature / Date &
Time

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

23/1/18 9.35AM
Witnessed by Reporting Centre
Personnel

LOANING ACCIDENT