

MSME18012895 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 26/01/2018 13:29  
 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	26/01/2018 13:29
Date Of Accident	25/01/2018 12:20
Exact Location Of Accident	NGEE ANN CITY DROP OFF POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT9247H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IAU YANG HOCK
NRIC No	S1753281B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91877018
Alternative Phone No	OFFICE-91877018

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA068853/1
Cover Note Number	

### Driver

Name of Driver	LOW SHEE PENG
NRIC No	S2655934J
Date Of Birth	20/01/1967
Occupation	INDOOR
Date Of Driving Pass	26/01/2001
Driving Experience	16 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91476339
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	53 SIMEI RISE #06-47
Postcode	528790
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

**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 25/01/2018 AT ABOUT 1220HRS, I WAS DRIVING MY CAR ALONG NGEE ANN CITY NEAR DROP OFF POINT IN MIDDLE LANE. ALL TRAFFIC ARE SLOW MOVING. SUDDENLY, I FELT AN IMPACT FROM LEFT SIDE AND I REALISED THAT A TAXI (SHD3672A) DASHED OUT FROM DROP OFF POINT ON THE LEFT WITHOUT GIVEWAY TO THE ONCOMING TRAFFIC AND COLLIDED ONTO LEFT PORTION OF MY CAR. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST TAXI (SHD3672A)'S INSURANCE FOR MY ACCIDENT DAMAGES.

**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	SHD3672A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	LEE TECK CHYE
NRIC/Passport Number	S0171283G
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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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:

10:30 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

10:30 am

Reporting Centre Personnel's Signature

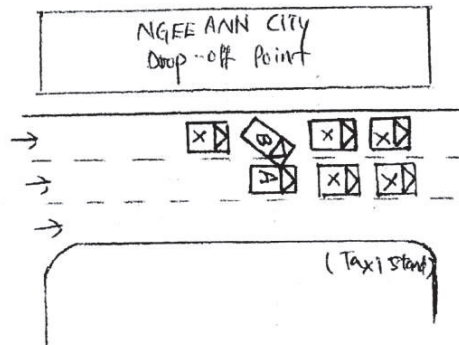
Name:

NRIC/FIN No.:



## Sketch Plan #2 Pg. 1

## SKETCH PLAN



(A) SGT 9247H

(B) SHD 3672A

NGEE Ann City Drop-off Point

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25-01-2018 @ about 120hrs, I was driving my car along Ngee Ann City near drop off point in middle lane. All traffic are slow moving. Suddenly, I felt an impact come from left side and I realized that a taxi (SHD 3672A) dashed out from drop off point on the left without giving way to the oncoming traffic and collided onto left portion of my car. Hence, I hereto lodge this report to claim against Taxi (SHD 3672A)'s Insurance for my accident damages.

## DECLARATION

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

Policyholder's Signature

Date &amp; Time: 26 Jan 2018

10:30 AM

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time: 26 Jan 2018

10:30 AM

Reporting/Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan #3 Pg. 1

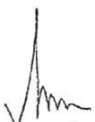
LETTER OF UNDERTAKING

I/We, IAU YANG HOCK, the owner of vehicle no. SGT 9247H

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within **14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, Precise Auto Service.

Signed and Acknowledge by:

  
.....  
Nric no. and signature of policyholder

51753281B

.....  
Company Stamp

26. Jan 2018  
.....  
Date