MSR118014853 / SMRT Automotive Services Pte Ltd - Woodlands ENTRY DATE & TIME: 30/01/2018 16:05 SUBMITTED BY: Susan Tan Soh Chem (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
- 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

| atoresaid. | ACCIDENT STATEMENT | |
|----------------------------------|--|--|
| But Of Papart | 30/01/2018 16:05 | |
| Date Of Report Date Of Accident | 29/01/2018 20:15 | |
| Exact Location Of Accident | JUNCTION OF HOUGANG CENTRAL & UPPER SERANGOON ROAD | |
| Country/State of Loss | SINGAPORE | |

| odding), odd o | DETAILS OF OWN VEHICLE |
|--------------------------|------------------------|
| Label Designation Number | SJE9454U |

Vehicle Registration Number

Insured/Policyholder

MY CAR CONSULTANT PTE LTD Name Of Registered Owner

201605878Z Co Reg No NOEMAIL **Email Address**

Mobile Phone No

OFFICE-88888888 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer CIVIC-1.8 (A) Model

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?

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

THIRD PARTY Type Of Coverage

NO Fleet Policy

5086918573-01 Policy Number

Cover Note Number

Driver

BENJAMIN TEOW JUN YIN Name of Driver

S9604338D **NRIC No** 22/01/1996 Date Of Birth **INDOOR** Occupation 19/09/2016

Date Of Driving Pass 1 YEAR AND 4 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-84999238 Mobile Number

Fax Number Contact Number

NOEMAIL **EMail Address**

BLK 569 HOUGANG ST 51 Address

#16-93

NO

2

530569 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

: CLAUDIA LEONG : FEMALE GENDER:

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON 29/01/2018 AT ABOUT 2015HRS AT JUNCTION OF HOUGANG CENTRAL & UPPER SERANGOON ROAD. I WAS TRAVELLING ALONG HOUGANG CENTRAL TOWARDS HOUGANG AVE 5 ON THE CENTRE LANE AND CAME TO A STOP BEFORE THE RED TRAFFIC LIGHT, WHEN THE TRAFFIC LIGHT TURNS GREEN, I PROCEED STRAIGHT AND SUDDENLY A VEHICLE (B) ON MY LEFT VEERED INTO MY LANE WITHOUT CHECKING HIS BLINDSPOT AND WITHOUT CAUTIOUS HENCE COLLIDED ONTO MY FRONT LEFT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. (A) SJE9454U (B) SHC 1385Y

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

PLEASE GET FROM WORKSHOP Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHC1385Y Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

State Flan Par 1

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| Central & Upper | Sevenger Road. | I was travelling along |
| Hougany Central | fowerds Houseage Ava | To the second se |
| Soul came ! | s a stop before the | Red traffic Light. When |
| The druffe light | turns GREEN, I pr | sceed straight and |
| ouddenly a Vel | nide (B) on my left | veered into my Lone |
| without checking | his blindspot and i | without couplines hence |
| collided enhi | my Left Front Portion | of my Vehicle (A). |
| outing doma | per to my vehicle. | I have one passenger |
| inside my us | wiele: CA |) SJE 945#U E3881 3H2 |
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| DECARATION SELECTION S(MINER) | and the second | 1 sweet |
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