

MSME18016858 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 03/02/2018 10:51
 SUBMITTED BY: Farida Wen Ya 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	03/02/2018 10:51
Date Of Accident	01/02/2018 10:00
Exact Location Of Accident	ALONG BRAS BASAH ROAD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD5237A
Insured/Policyholder	
Name Of Registered Owner	NG CHUONG KIAT MICHAEL
NRIC No	S1463156I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90886863
Alternative Phone No	OFFICE-90886863

Vehicle Particulars

Manufacturer	CITROEN
Model	GRAND C4 PICASSO 1.6 SMT ABS EGS PSR
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC17S022994
Cover Note Number	

Driver

Name of Driver	CHNG QUN MING XAVIER
NRIC No	S9115317C
Date Of Birth	19/04/1991
Occupation	INDOOR
Date Of Driving Pass	08/04/2010
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92327762
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 132A HILLVIEW AVE #10-05
Postcode 669604
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - SON IN LAW
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
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?
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: : GERALD
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 01/02/2018 AT ABOUT 10.01 PM, WHILST TRAVELLING STRAIGHT ALONG BRAS BASAH ROAD, VEHICLE IN FRONT OF ME SLOWED DOWN AND STOP. SO I FOLLOWED SUIT. OUT OF SUDDEN, VEHICLE B (SBY3383U) CAME FROM BEHIND AND HIT ONTO THE REAR PORTION OF MY VEHICLE A.

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 SBY3383U
Vehicle Make/Model/Colour
Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR
Name of Driver LIM TECK WEI ADRIAN

NRIC/Passport Number

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

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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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC Sketch Plan Form_V3

03/Feb/2018

15.55 hrs
10:03 hrs

Accident Sketch Plan Pg. 1

SKETCH PLAN

Veh A: SKD 5237A

Veh B: SBY 3383 U

Bus
lane

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/2/2018 at about 10:01pm, whilst travelling straight along Bras Basah Road, vehicle in front of me slowed down and stop. So, I followed suit. Out of sudden, vehicle B (SBY3383U) came from behind and hit into the rear portion of my vehicle A.

DECLARATION

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

 Policyholder's Signature
 Date & Time:

GIARAC SketchPlanForm_V3

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

03/Feb/2018

 15:55hrs
 10:03hrs

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

Premium Cars