

MSME18028086 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 27/02/2018 16:57
 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	27/02/2018 16:57
Date Of Accident	27/02/2018 12:10
Exact Location Of Accident	RIVERVALE DRIVE & RIVERVALE CL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS6848K
Insured/Policyholder	
Name Of Registered Owner	TAN MUI JOO
NRIC No	S1765775E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97507898
Alternative Phone No	OFFICE-97507898

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY

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	GA022467
Cover Note Number	

Driver

Name of Driver	TAN MUI JOO
NRIC No	S1765775E
Date Of Birth	19/11/1966
Occupation	INDOOR
Date Of Driving Pass	14/09/1985
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97507898
Fax Number	
Contact Number	OFFICE-97507898
EEmail Address	NOEMAIL

Address BLK 122 PAYA LEBAR WAY #08-2905
 Postcode 381122
 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 COLLISION - MAJOR/MINOR RD
 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) 2
 Passenger 1
 NAME: : RICHELLE LIM
 GENDER: : FEMALE

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

I WAS STATIONARY ALONG RIVERVALE DRIVE ON THE LEFT LANE AS THERE WAS A CONGESTION AHEAD. SUDDENLY, VEHICLE B TRIED TO COME OUT FROM RIVERVALE TO ENTER TO THE RIGHT LANE OF RIVERVALE DRIVE. HE MISJUDGE AND HIT ONTO THE REAR RIGHT PORTION OF MY VEHICLE AND CAUSED DAMAGES. AFTER THE ACCIDENT, THE SUPERVISOR OF THE COMPANY ASKED ME TO CLAIM AGAINST THE INSURANCE.

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 YP2042K
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN**IMPORTANT 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: 27/2/18, 1430


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 27/2/18, 1430

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

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/We, TAN MUI JOO, the owner of vehicle no. CF56040K
involving in an accident with vehicle no. (TP) YP2042K on 27/02/18 along
Pinevale Dr X Pinevale Ct

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,
NEW HOLE TIRE MOUNT PTE LTD

Signed and Acknowledge by:

		
Name and signature of policyholder	Company Stamp	Date