

MSME18037365 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 19/03/2018 16:24  
 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	19/03/2018 16:24
Date Of Accident	18/03/2018 12:50
Exact Location Of Accident	CANTONMENT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK9448G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KS LEASING
Co Reg No	53367173J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93874964

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094541586
Cover Note Number	

### Driver

Name of Driver	TAN KAELYNN
NRIC No	S7421812A
Date Of Birth	20/04/1974
Occupation	INDOOR
Date Of Driving Pass	02/02/1995
Driving Experience	23 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-82227800
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 85 WHAMPOA DRIVE #02-268
Postcode	320085
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 - 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?	YES
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)	3
Passenger 1	NAME: : AVI GENDER: : MALE
Passenger 2	NAME: : GAUTAM 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**

I WAS TRAVELLING STRAIGHT IN LANE 3 OF CANTONMENT ROAD ON 18/03/2018 AT 1250HRS. SUDDENLY, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY RIGHT SIDE. VEHICLE B CAME OUT FROM CANTONMENT LINK WITHOUT STOPPING AND HIT ONTO MY RIGHT SIDE OF MY VEHICLE.

**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 Witness 1**

Name	AVI
Phone Number	90021185
Email Address	

**Details of Witness 2**

Name	GAUTAM
Phone Number	
Email Address	96425261

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SLF5368H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	ONG CHEE SIANG
NRIC/Passport Number	S8326837I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	TAN KAELYN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJK9448G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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:

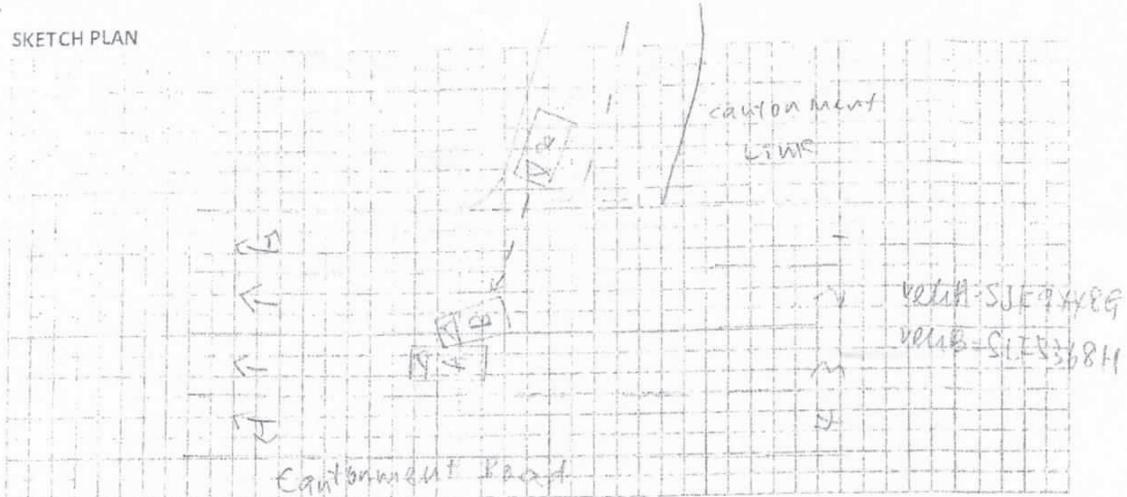
Driver's Signature
   
 (if driver is not the policyholder)
   
 Date & Time:

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

HCIA MEAN

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along in lane 3 of  
 Cantonment Road on 18.03.2018 @ 1250hrs.  
 Suddenly, I heard a bang sound felt an impact  
 from my right side. Vehicle B came out  
 from Cantonment Link without stopping and  
 hit onto my right side of my vehicle.

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



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.: