MSME18040823 / SME Motor Pta Ltd - Kaki Bukit ENTRY DATE & TIME: 25/03/2018 16:20 SUBMITTED BY: Chia Pel Ying

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number Contact Number

EMail Address

- Please report <u>correctly</u> 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.
- 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 Insurence 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

	ACCIDENT STATEMENT
Date Of Report	26/03/2018 16:20
Date Of Accident	24/03/2018 16:20
Exact Location Of Accident	ALONG KPE TWDS BUANGKOK EAST DRIVE
Country/State of Loss	SINGAPORE
Double of Edda	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX2355G
Insurgidabileyholder	
Name Of Registered Owner	LIM CHEE HUAT
NRIC No	S1468646J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98193859
Alternative Phone No	OFFICE-98193859
Vehicle Particulars	
Manufacturer	MAZDA
Model	6
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
-Instrance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100445867
Cover Note Number	
Bidvar.	
Name of Driver	LIM KANG CHING BENSON
NRIC No	S8915272J
Date Of Birth	02/05/1989
Occupation	INDOOR
Date Of Driving Pass	11/06/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE

(LOCAL) +65-96256169

NOEMAIL

Address BLK 443 HOUGANG AVE 8 #03-1583

Postcode 530443

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

General Information of the Asoldenia

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?

NO

Was any other material or property damaged? YES

(s)

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?

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ON 24/03/2018 AT 4.20PM, I WAS DRIVING MY VEHICLE (SKX2355G) ALONG KPE TOWARDS BUANGKOK EAST DRIVE. VEHICLE IN FRONT OF ME WAS A TRUCK. AN OBJECT FLEW OUT FROM HIS VEHICLE. I SLOW DOWN AND CAME TO A STOP OF MY VEHICLE TO AVOID THE OBJECT HITTING ONTO MY VEHICLE. SUDDENLY, I FELT AN IMPACT FROM THE REAR IT WAS VEHICLE B (GBC554D) THAT HIT ONTO THE REAR PORTION OF MY VEHICLE. I HAD A VIDEO FOOTAGE INSIDE MY CAR.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

.

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBC554D

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver NRIC/Passport Number THEVARAJAN S7528278H

Contact Number

91552161

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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)

funderstand, arknowledge, agree and consent that

- (a) My insurer, my workshap 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 necessal information personal information to all 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 shall be collectively referred to as the "insurers"), the insurers [access/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the pulice), for the purpose(s) of the purpose(s)
 - i) processing, handling and/or dealing with my claims including the seatlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the ecoldent and/or my claims;
 - (iii) sarrying out end/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administring my dalms (including the mailing of correspondence, statements, involces, reports or notices to me, which could invalve disclosure of careain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - [14] complying with applicable few in noministering, processing, headling and/or dealing with my claims (collectively the "Europees")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lewyers/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 of agents (including drain lewyers/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 froud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) so all insurers and/or any other third parties that assist in availabing, 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 & Timet

36-3-2018

.....PKA

Driver's Elynature.

(if priver is not the policyholder)

Para a Trans

56 13 5 put 8

1 P.M.

Repurring Centre Personnel's Signature

NRIC/FIN No.:

suppreductes

Sketch Plan #2 Pg. 1

SKETCH PLAN KPE funds Broung Kok E Drive veh A: 5 KX 2385G Ven B: GBC 554D DESCRIBE CIRCUMSTANCES OF THE ACCIDENT on 24-3-2018 at 4.20pm I was drilling my yeh SKO3555 Along EPE truds Byanglor E Dave . Vot in tront of me was from slow down & come for 1. Stopotmy ven to avoid the object, to I feet an imprest come down realised B: GBC 554D + hat portion howe inside my car. ; SKX23556 DECLARATION If We declare the foregoing particulars are true in every respect.

Policyholder's Signaturi Date & Time:

0673-2018

1.00pm

Driver's Signature

(If driver is but the policyholder)

26-3-7018

1.00pm

Reporting Centre Personners Signature Namei

NRIC/AN NO.