

MSME18048615 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 12/04/2018 12:13
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	12/04/2018 12:13
Date Of Accident	12/04/2018 07:55
Exact Location Of Accident	ALONG MCE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY2779J
Insured/Policyholder	
Name Of Registered Owner	STIB TECHNOLOGIES PTE LTD
Co Reg No	200500616C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90903538
Alternative Phone No	OFFICE-65455262

Vehicle Particulars

Manufacturer	DAIHATSU
Model	EXTOL

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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5004798159-13
Cover Note Number	

Driver

Name of Driver	LEE KOK CHENG
NRIC No	S7008223C
Date Of Birth	17/03/1970
Occupation	INDOOR
Date Of Driving Pass	12/03/1997
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97368996
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 210 BUKIT BATOK STREET 21 #06-192
 Postcode 650210
 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

Type Of Accident CHAIN COLLISION
 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) 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?

Circumstances of Accident

ON 12/04/2018 AT 07.55AM, I WAS DRIVING MY CAR (GY2779J) ALONG MCE TUNNEL TOWARDS CHANGI AIRPORT IN 4TH LANE FROM RIGHT HAND SIDE. TRAFFIC WAS HEAVY AT THAT TIME. VEHICLE IN FRONT OF ME WERE SLOW MOVING AND ALMOST CAME TO A STOP. SUDDENLY, I FELT AN IMPACT COMING FROM BEHIND AND DUE TO THE IMPACT WAS SO HUGE, MY CAR WAS PUSHED FORWARD AND HIT ONTO REAR PORTION OF TAXI (SHC3053S) IN FRONT ME. WHEN I CAME OUT TO INSPECT MY CAR, I REALISED THAT I WAS INVOLVED IN 3 CARS CHAIN COLLISION ACCIDENT. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SKR329C)'S INSURANCE FOR MY ACCIDENT DAMAGES. I WILL GO TO SEE DOCTOR AFTER THIS IF I FEEL ANY UNCOMFORTABLE.

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 SKR329C
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver TAN CHOON KIAT
 NRIC/Passport Number S6822516G
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC3053S
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	TAXI
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:

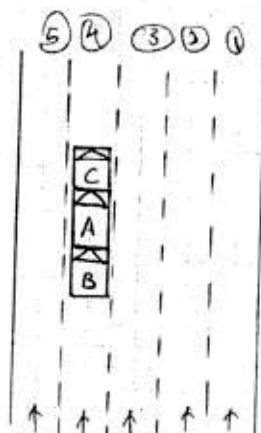
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

PRECLB

Sketch Plan #2 Pg. 1

SKETCH PLAN



① GY 2779J

② SKR 329C

③ SHC 3053S

MCE Tunnel
Towards: Changi Airport

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12-04-2018 @ about 07:55am, I was driving my car (GY 2779J) along MCE Tunnel Towards Changi Airport in 4th lane from right hand side. Traffic was heavy on the time, vehicles in front of me slow moving and almost come a stop. Suddenly, I felt an impact come from behind and due to the impact was so huge my car being pushed forward and hit onto rear portion of taxi (SHC 3053S) in front of me. When I come out to inspect my car I realized that I was involving 3 cars along collision accident. Hence, I hereto lodge this report to claim against Veh B (SKR 329C) 's Insurance for my accident damages. I will go to see doctor after this if I feel any uncomfortable.

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:

12/4/18 0955

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