

MSME18050125 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 16/04/2018 13:56  
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	16/04/2018 13:56
Date Of Accident	15/04/2018 14:45
Exact Location Of Accident	ALONG JURONG WEST CENTRAL 3 EXIT JALAN BOON LAY
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SKT2986G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	U.T. HARDWARE TRADING
Co Reg No	51245500K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96193133

**Vehicle Particulars**

Manufacturer	MERCEDES-BENZ
Model	E230

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	5085097860-01
Cover Note Number	

**Driver**

Name of Driver	SEOW LYE CHUAN
NRIC No	S1195388C
Date Of Birth	14/09/1956
Occupation	INDOOR
Date Of Driving Pass	13/09/1974
Driving Experience	43 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96193133
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 45 LORONG 5 TOA PAYOH #04-143  
 Postcode 310045  
 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 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? 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) 2  
 Passenger 1  
 NAME: : SHARON  
 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

ON 15/04/2018 AT ABOUT 1445HRS, I WAS DRIVING MY CAR (SKT2986G) ALONG JURONG WEST CENTRAL 3. UPON REACHING THE JUNCTION BETWEEN JALAN BOON LAY, I SLOWED DOWN TO GIVE WAY TO ONCOMING TRAFFIC FROM MAJOR ROAD. SUDDENLY, I FELT AN IMPACT FROM BEHIND AND I REALISED THAT VEHICLE B (SGU9264C) DID NOT STOP IN TIME AND COLLIDED ONTO REAR PORTION OF MY CAR. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SGU9264C)'S INSURANCE FOR MY ACCIDENT DAMAGES. I WENT TO SEE DOCTOR AFTER ACCIDENT AND WAS GIVEN 2 DAYS MC. I WILL CONTINUE MY MEDICAL TREATMENT IF I STILL FEEL UNCOMFORTABLE AFTER THIS.

### 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 SGU9264C  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

SEOW LYE CHUAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKT2986G

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

Address

Postcode

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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:

16/04/18  
1305

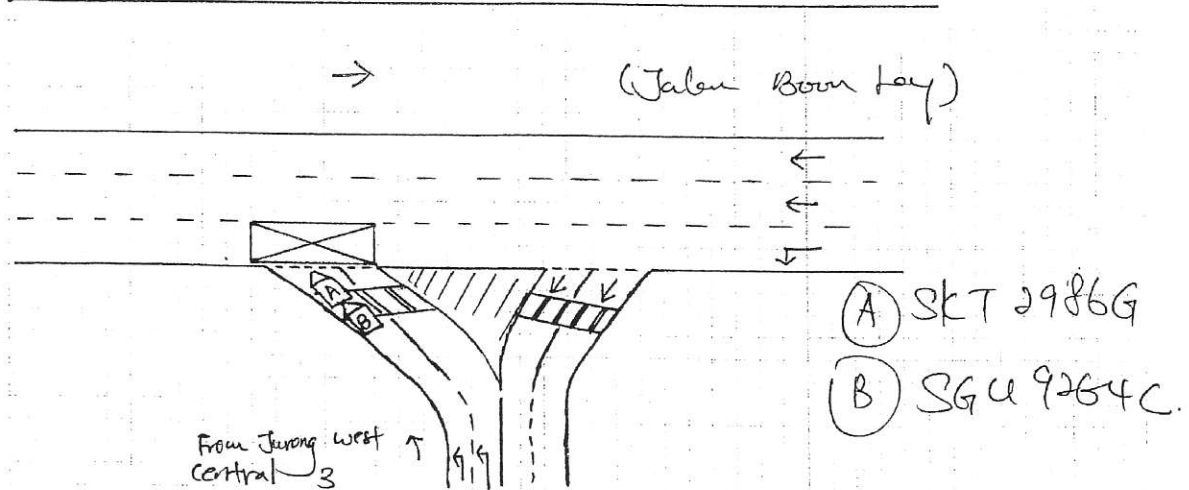


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

PRECEG

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15-04-2018 @ about 1445 hrs, I was driving my car (SKT 2986G) along Jurong West Central 3. Upon reaching the junction between Jalan Boon Lay I slow down and stop to give way to oncoming traffic from major road. Suddenly I felt an impact from behind and I realized that Vehicle B (SGU 9264C) did not stop in time and collided onto rear portion of my car, hence I have to lodge this report to claim against Vehicle B (SGU 9264C)'s insurance for my accident damages. I went to see doctor after accident & was given 2 days MC, I will continue my medical treatment if I still feel uncomfortable after this.

## DECLARATION

I hereby 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:

16/04/18 1305

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