

MSME18050019 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 16/04/2018 12:18  
 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 12:18  
 Date Of Accident 14/04/2018 16:00  
 Exact Location Of Accident UPP SERANGOON RD  
 Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ6837G  
**Insured/Policyholder**  
 Name Of Registered Owner CHEONG WAN LING SERENE  
 NRIC No S8809717C  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-91828412  
 Alternative Phone No OFFICE-91828412  
**Vehicle Particulars**  
 Manufacturer HONDA  
 Model HR-V  
 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 LIBERTY INSURANCE PTE LTD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number SD17V08709/VPC2/R00  
 Cover Note Number  
**Driver**  
 Name of Driver CHEONG YEW BOH  
 NRIC No S1244239D  
 Date Of Birth 15/09/1956  
 Occupation INDOOR  
 Date Of Driving Pass 06/03/1978  
 Driving Experience 40 YEARS AND 1 MONTH  
 Gender MALE  
 Mobile Number (LOCAL) +65-91478310  
 Fax Number  
 Contact Number  
 Email Address NOEMAIL

Address BLK 313D ANCHROVALE ROAD #10-138  
 Postcode 544313  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured PARENT  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident COLLISION - CHANGE/CROSS LANE  
 Weather Conditions RAINING  
 Road Surface WET

**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) 3  
 Passenger 1  
 NAME: : CHEONG WAN LING SERENE  
 GENDER: : FEMALE  
 Passenger 2  
 NAME: : KANG LI XUAN GISELE  
 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 DRIVING ALONG UPPER SERANGOON ROAD ON SECOND LANE. OUT OF SUDDEN, VEHICLE B CUT THROUGH FROM HIS THIRD LANE TO OVERTAKE ME. UNKNOWINGLY, VEHICLE B HIT ONTO MY FRONT LEFT SIDE. WE EXCHANGE DETAILS AND LEFT.

**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 SKW1205T  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category PRIVATE CAR  
 Name of Driver SURAIYA BINTE MOHAMED TAHIR  
 NRIC/Passport Number S1821806B  
 Contact Number 86508349  
 Address  
 Postcode

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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.:

LEE BROTHERS

## Sketch Plan #2 Pg. 1

## SKETCH PLAN

A - 518 688 700

B - 518 720 300

UPD SERANGGON RD.

BUS STOP



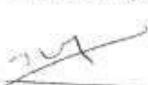
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I WAS DRIVING ALONG UPD SERANGGON RD. ON 2<sup>ND</sup> LANE. OUT OF  
 SUDEN VEHICLE B CUT THROUGH FROM HIS 3<sup>RD</sup> LANE TO OVERTAKE  
 ME. UNKNOWNLY VEHICLE B HIT ONTO MY LEFT-FRONT SIDE. WE EXCHANGE


DETAIL AND LEFT

## 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.: