

MSME18059473 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 07/05/2018 16:39
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 07/05/2018 16:39
Date Of Accident 06/05/2018 19:50
Exact Location Of Accident ALONG PUNGGOL RD TURNING INTO SENGKANG EAST AVE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH6657E
Insured/Policyholder
Name Of Registered Owner LIM CHOON YEN BERNARD
NRIC No S7502911Z
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-81128214
Alternative Phone No OFFICE-81128214

Vehicle Particulars

Manufacturer HONDA
Model CIVIC
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 ERGO INSURANCE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number DMPC17S015794
Cover Note Number

Driver

Name of Driver LIM CHOON YEN BERNARD
NRIC No S7502911Z
Date Of Birth 24/01/1975
Occupation INDOOR
Date Of Driving Pass 13/07/1994
Driving Experience 23 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-81128214
Fax Number
Contact Number OFFICE-81128214
Email Address NOEMAIL

Address 73 ANCHORVALE CRESCENT #03-07
 Postcode 544661
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 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? 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) 2
 Passenger 1
 NAME: : LIM TAE JUN
 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

ON 06/05/2018 AT ABOUT 1950HRS, I WAS DRIVING ALONG PUNGGOL ROAD. UPON REACHING THE JUNCTION BEFORE EXIT TO SENGKANG EAST AVENUE, I SLOWED DOWN AND STOP TO CHECK AND GIVE WAY TO THE ONCOMING TRAFFIC FROM MAIN ROAD. SUDDENLY, I FELT A IMPACT FROM BEHIND. WHEN I CAME OUT TO INSPECT MY CAR, I REALISED THAT VEHICLE B (SKA7519P) DID NOT STOP IN TIME AND COLLIDED ONTO REAR PORTION OF MY CAR. HENCE, I HRER TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B'S INSURANCE FOR MY ACCIDENT DAMAGES.

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 SKA7519P
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver LEE KIM HUAT
 NRIC/Passport Number
 Contact Number
 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:

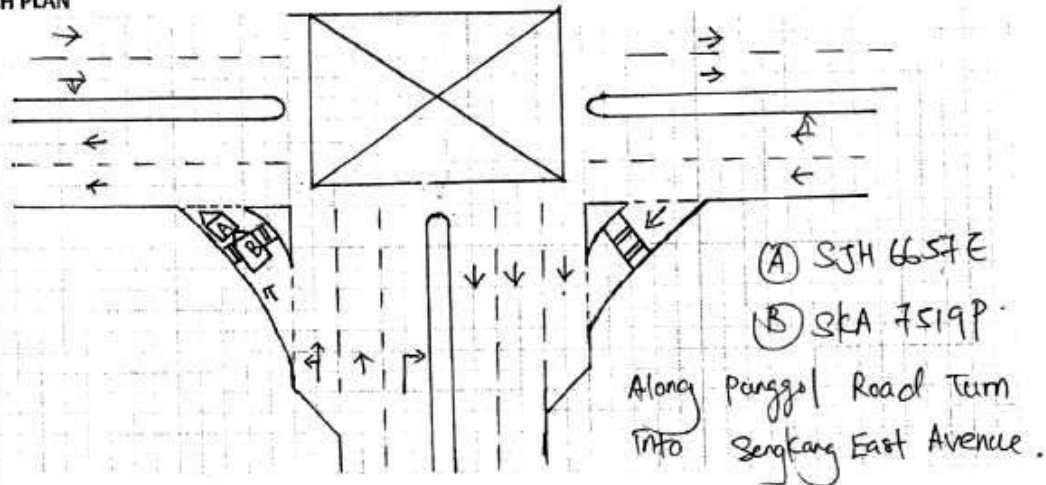
Driver's Signature
(If driver is not the policyholder)
Date & Time: 07/05/18

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No:

PROCESS

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06-05-18 @ about 1950hrs I was driving along Panggol Road. Upon reaching the junction before exit to Sengkang East Avenue, I slow down and stop to check and give way the oncoming traffic from main road. Suddenly I felt an impact from behind, when I came out to inspect my car & I realized that Vehicle B (SKA 7519P) did not stop in time and collided onto rear portion of my car. Hence I hereto lodge this report claim against to Vehicle B's Insurance for my accident damages.

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: 07/05/18

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