

MSR11803803 / SMRT Automotive Services Pte Ltd - Woodlands  
 ENTRY DATE & TIME: 22/05/2018 17:16  
 SUBMITTED BY: Susan Tan Soh Chom (Chen Shuchen)

## 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	22/05/2018 17:16
Date Of Accident	21/05/2018 14:50
Exact Location Of Accident	AT ALONG PASIR RIS DR 1 BF JUNCTION OF LOYANG AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBQ5512T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UGENESIS SERVICES
Co Reg No	53346737C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097697674
Cover Note Number	
<b>Driver</b>	
Name of Driver	NG CHAI THIAM
NRIC No	S0855967H
Date Of Birth	13/02/1943
Occupation	INDOOR
Date Of Driving Pass	06/07/1960
Driving Experience	57 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96845214
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 478 PASIR RIS DRIVE 4  
#07-419  
Postcode 510478  
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?  
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 21/05/2018 AT ABOUT 1450HRS AT ALONG PASIR RIS DRIVE 1 BEFORE JUNCTION OF LOYANG AVE. I WAS TRAVELLING ON THE LANE 3 AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP HENCE I FOLLOW SUIT. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. IT WAS A CHAIN COLLISION OF TOTAL 3 VEHICLES INVOLVED. (A) SBQ5512T (B) SLG 5726C (C) SBS 3973Z

**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 SLG5726C  
Vehicle Make/Model/Colour  
Details Of Properties  
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBS3973Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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

1. This form is to be completed by the policyholder and for the insurer's use only.
2. The information provided must be truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
3. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

This form is to be completed by the policyholder and for the insurer's use only.

This report will be forwarded by the Insurers of the General Insurance Association of Singapore (GIAS) to the relevant authorities for their use. The GIAS is a member of the Association of Singapore Insurers (ASI) and is a member of the International Association of Insurance Supervisors (IAIS).

The information provided in this form will be used by the Insurers of the General Insurance Association of Singapore (GIAS) for the purpose of investigating the accident and for the purpose of settling the claim.

Consent to the use of Personal Data for the purpose of settling the claim.

I, the policyholder, hereby consent to the use of my personal data for the purpose of settling the claim.

1. My Insurer, my workshop and the General Insurance Association of Singapore (GIAS) may, for the purpose of settling the claim, 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) conducting an investigation of the accident and/or for the purpose of settling the claim;

(ii) investigating the accident and/or my claim;

(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) completing and/or processing my claim for the purpose of settling the claim.

I, the policyholder, hereby consent to the use of my personal data for the purpose of settling the claim.

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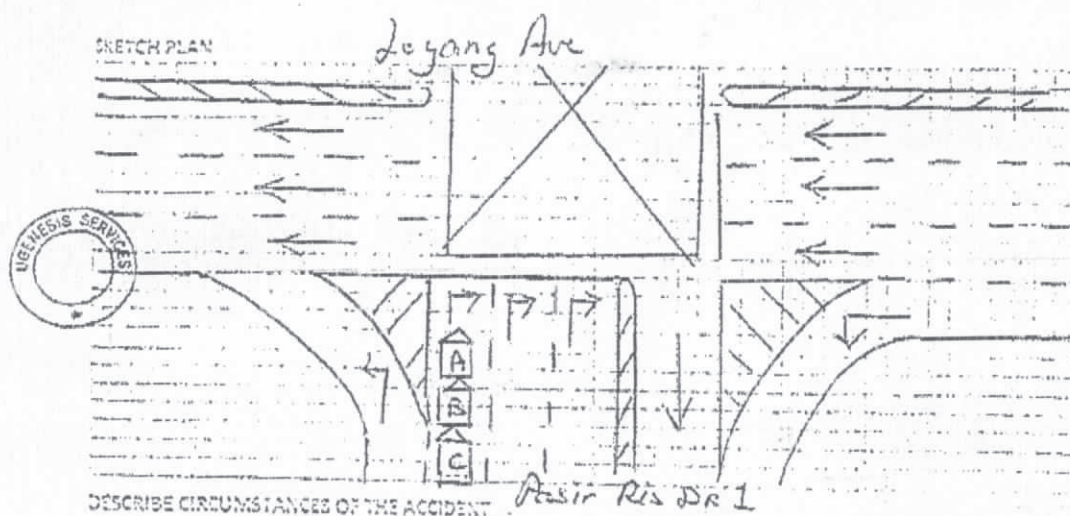


Signature of the policyholder

Signature of the insurer



## Sketch Plan Pg. 2



On 21/05/2018 at about 1450 hr at along Paris Ris Drive 1 before junction of Loyang Ave. I was travelling on the lane 3 and when my front vehicle slow down and stop hence I follow suit. Suddenly I heard a loud bang from behind and when I alighted, realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. It was a chain collision of total 3 vehicles involved.

(A) SBA 5512 T  
(B) SAG 5726 C  
(C) SBS 3973 Z

## DECLARATION

I hereby declare that the above information is true and correct.



Signature  
(If driver was the police officer)  
Date & Time

Reporting Officer / Witness's Signature  
Name  
Date & Time