

MSME18076728 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 13/06/2018 15:08  
SUBMITTED BY: Farida Wen

Your NCD will be affected due to late reporting  
Actual e-Filing Submission Date & Time: 13/06/2018 15:53

## 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 13/06/2018 15:08  
Date Of Accident 11/06/2018 16:05  
Exact Location Of Accident BLK 508 JURONG WEST ST 51 OPEN SPACE CARPARK.  
Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKH4340U  
**Insured/Policyholder**  
Name Of Registered Owner JOO BOON JIE  
NRIC No S8311952G  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-83385118  
Alternative Phone No OFFICE-83385118

**Vehicle Particulars**

Manufacturer BMW  
Model 116I  
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 QBE INSURANCE (SINGAPORE) PTE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 8-V0016438-MVA  
Cover Note Number

**Driver**

Name of Driver JOO BOON JIE  
NRIC No S8311952G  
Date Of Birth 16/04/1983  
Occupation INDOOR  
Date Of Driving Pass 03/12/2003  
Driving Experience 14 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-83385118  
Fax Number  
Contact Number OFFICE-83385118  
Email Address NOEMAIL

Address BLK 714 CLEMENTI WEST ST 2 #06-155  
 Postcode 120714  
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 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) 0

**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**

MY VEHICLE IS PARKED STATIONARY IN THE PARKING LOT WHEN VEHICLE B FROM MY RIGHT PARKING LOT TURNED OUT AND HIT ONTO MY VEHICLE'S FRONT RIGHT PORTION. DRIVER OF VEHICLE B HAD LEFT A NOTE TO INFORMED ME THAT HE HAD HIT INTO MY CAR.

**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 GBE4767U  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## Accident Sketch Plan Pg. 1

## SKETCH PLAN

## IMPORTANT NOTICE

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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:

13/6/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

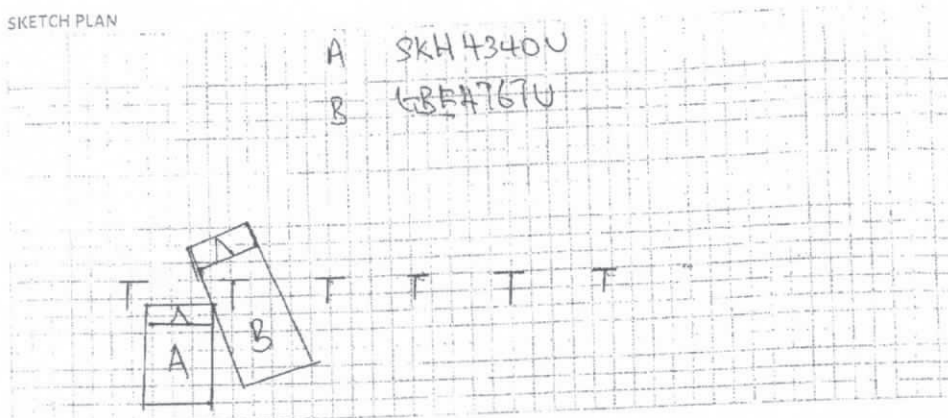
NRIC/FIN No.:

LEANG AWO



## Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle is parked stationary in the parking lot when vehicle B from my right parking lot turned out and hit onto my vehicle's front right portion. Driver of vehicle B had left a note to inform me that he had hit into my car.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: