

TYPE OF CLAIM: ☐ OD ☐ OD/UL ☒ DSMCA: Carine Yeo

## MOTOR ACCIDENT REPORT

Date Of Report: 25/1/18 Time: Date Of Accident: 23/1/18 Time: 3:00pm  
Exact Location Of Accident: PKE near tan payoh exit 16A  
Country/State of Loss: Singapore ☒ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ /

## OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: SLM 27386 Co. Reg. No (for Co. Vehicle)/NRIC/PP/FIN No: 199600221K  
Name Of Registered Owner: Sia & K20 Heavy Equipment P/L  
Mobile Number: 96356793 Alternative No: Email Address:

## Vehicle Particulars

Manufacturer: Toyota ☐ Lexus ☒ Suzuki ☐ Hino ☐ Model: MENTO  
Exact Purpose for which vehicle was being used at time of accident: Normal Usage ☒ Other ☐ (please specify)  
Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ Reporting Only ☐ Third Party ☒  
Vehicle Category: Private Car ☒ Commercial Vehicle ☐ Others ☐

## Insurance Company

Name of Insurance Company: Liberty  
Type Of Coverage: Comprehensive ☐ Third Party ☐ Third Party Fire and/or Theft ☐  
Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: 5118 V03866/VPC/K00

## DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: Sia Siew Fee NRIC/ Passport / FIN No: 577773486  
Date Of Birth: 06/09/1977 Occupation: Indoor ☐ Outdoor ☐  
Date Of Driving Pass: 27/02/2003 Gender: Male ☒ Female ☐  
Mobile Number: 96356793 Fax No: Alternative No:  
Address: Postal Code:  
Email Address: chris@siayeo.com.sg  
Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured:  
Vehicle Registration Number of Driver's Own Vehicle (if applicable):  
Insurance Company of Driver's Own Vehicle (if applicable):

## GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: Rear Portion  
Number of Passengers in the above vehicle (Including Driver): 2 / If more than 2 Pax Please fill ANNEX B

## PASSENGER 1

Name: Lee Hio In Gender: Male ☐ Female ☒  
Weather Conditions: Clear ☒ Raining ☐ Others ☐ (If others, please state condition):  
Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):  
Was any body injured in the Accident? No ☐ Yes ☒  
Was any injured conveyed to hospital by ambulance? No ☒ Yes ☐  
Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No: Vehicle type:  
Number of vehicles involved in the accident: 2  
Was there any witness? No ☐ Yes ☐ If yes, please furnish witness details column below  
Witness Name: | Contact No: | Email:  
Was there any other vehicle or property damaged? No ☒ Yes ☐  
Was there any video captured by Car Camera? No ☐ Yes ☐ Are accident scene photos available for attachment? No ☐ Yes ☐  
Was the accident reported to the police? No ☒ Yes ☐ (If yes, please state which Police Station):  
Was notice of intended Prosecution given? No ☐ Yes ☐ (If yes, please state against whom):  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☒ Yes ☐

## DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: 5JT1047K Vehicle Make/Model/Colour: .  
Details Of Properties Damage in Accident:  
Vehicle Category:  
Name of Driver: KHAJIRIL ANWAR BIN MAKKTOM  
NRIC/Passport/FIN Number: S8023551H Contact Number:  
Address: Postal Code:  
Insurance Company Name: ECICO  
Nature Of Damage: Front Portion No. Of Passenger (Including Driver): 2

## SKETCH PLAN

### 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 liability.
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. 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 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.

#### 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.





Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

Sketch Plan	
PIE	
	
	
A - SLM 2738 G	B - SJT 1047 K



Describe Circumstances of the Accident

Heavy traffic along PIE towards Changi and I was travelling on Lane 1. All vehicles in front were travelling very slowly. Front vehicle stopped and I followed to stop. When the vehicle in front start to move, I followed to move slowly, suddenly I felt a great impact from the rear of my vehicle. I checked my view mirror and noticed that vehicle B (SJT 1047K) had collided onto the rear of my vehicle. The traffic was heavy so we moved our vehicles to the road shoulder before we alighted from our vehicles to take photos and exchanged particulars.

Driver of vehicle B apologized for hitting my vehicle and mentioned that he was too busy and tired due to Hari Raya. Driver of vehicle B proposed for Private Settlement but I told him that I wanted to claim thru his insurance.

Please note that at time of accident, my wife Ms Lee Ho In, S7878368J was in the vehicle. She suffered pain on her back, neck, headache, left hand & shoulder and will has consulted doctor.

I felt pain on my neck too, will monitor first. If pain get worse, will consult a doctor



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

Witnessed by Reporting Centre Personnel

