

MSME18101481 / SME Motor Pto Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 06/08/2018 15:47  
 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	06/08/2018 15:47
Date Of Accident	04/08/2018 15:30
Exact Location Of Accident	PIE TWDS CHANGI (NEAR STEVEN)
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK6059D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAJEEV LOCHAN
NRIC No	S2735593E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96402644
Alternative Phone No	OFFICE-96402644
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	730LI
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10115104
Cover Note Number	
<b>Driver</b>	
Name of Driver	RAJEEV LOCHAN
NRIC No	S2735593E
Date Of Birth	05/08/1964
Occupation	INDOOR
Date Of Driving Pass	14/03/2001
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96402644
Fax Number	
Contact Number	OFFICE-96402644
EEmail Address	NOEMAIL

Address 14 FRANKEL DRIVE  
 Postcode 458093  
 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) 3  
 Passenger 1 NAME: : TRIPTI LOCHAN  
 GENDER: : FEMALE  
 Passenger 2 NAME: : PRABHA LALJI  
 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 TRAVELLING IN LANE 3 OF PIE TOWARDS CHANGI NEAR STEVEN ON 04/08/2018 AT 1530HRS. ALL CARS ARE MOVING SLOWLY AND SUDDENLY, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY REAR. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE.

**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 SLH5634D  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category PRIVATE CAR  
 Name of Driver LAI NGHEE BOON  
 NRIC/Passport Number S8201085H  
 Contact Number 84266083  
 Address  
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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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:

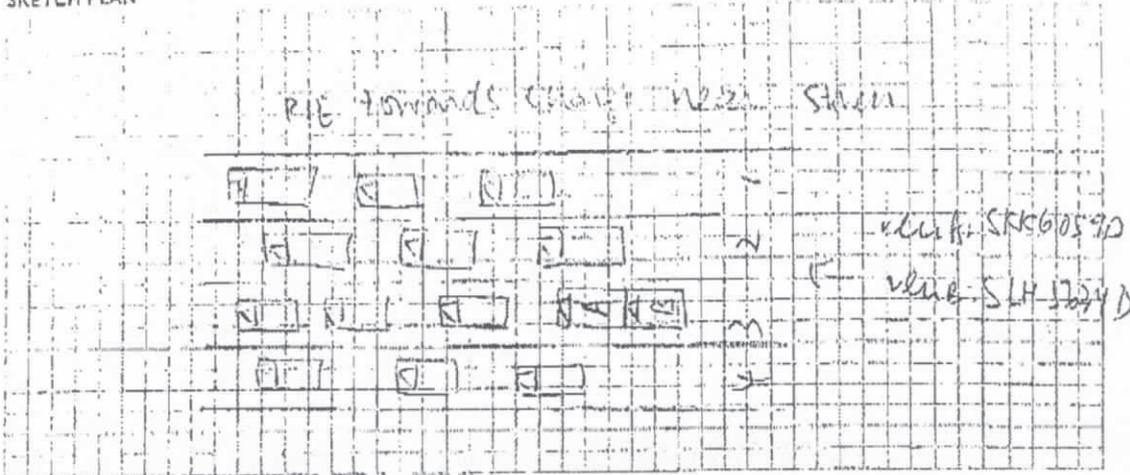
  
 \_\_\_\_\_  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

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

Handwritten signature: *Lee Man*

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling in lane 3 of PIE towards  
 Changi near Steven on 04. 08. 2018 @ 15:30hrs.  
 All cars are moving slowly and  
 suddenly I heard a bang sound and  
 felt an impact from my rear.  
 Vehicle B was rounded into rear portion  
 of my vehicle.

DECLARATION

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

Bcd  
 Policyholder's Signature  
 Date & Time:

Bcd  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

6/8/18 12:40 pm  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.: