

MSME18105717 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 15/08/2018 17:12
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	15/08/2018 17:12
Date Of Accident	14/08/2018 17:35
Exact Location Of Accident	BEDOK FOOD CENTRE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL2398X
Insured/Policyholder	
Name Of Registered Owner	NG KUEH MENG
NRIC No	S1476774F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97852411
Alternative Phone No	OFFICE-97852411

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096482839
Cover Note Number	

Driver

Name of Driver	NG YU TAT
NRIC No	S9317704E
Date Of Birth	18/05/1993
Occupation	INDOOR
Date Of Driving Pass	06/03/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90602890
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 258 JURONG EAST ST 24 #11-363
 Postcode 600258
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 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: : LEONG PEI FANG
 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

MY VEHICLE WAS STATIONARY STOP AT THE CARPARK OF BEDOK FOOD CENTRE. WHILE I WAS WAITING FOR PARKING LOT, ONE M/CAR (SJS6101J) SUDDENLY RESERVED HIS VEHICLE AND THUS COLLIDED ONTO THE FRONT PORTION OF MY VEHICLE. I WOULD LIKE TO STATE THAT MY VEHICLE WAS STATIONARY STOPPED WHEN THE ACCIDENT TOOK PLACE. I HAD VIDEO RECORDING OF THE ACCIDENT.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH TP WORKSHOP
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS6101J
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 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)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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 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:

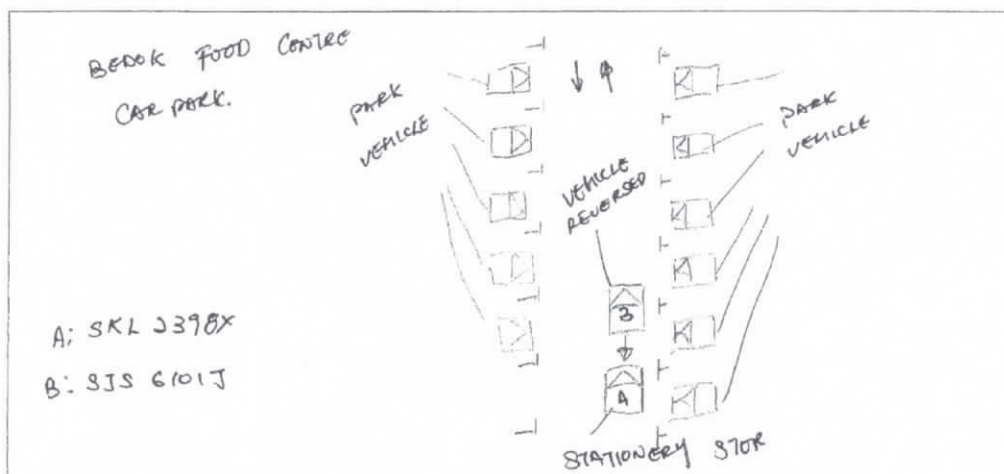
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKBPA SketchPlanForm_V2

SM AUTO

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONERY STOP AT THE CARPARK OF BEDOK FOOD CENTRE, WHILE I WAS WAITING FOR PARKING LOT, ONE M/CAR SJS 6101J SUDDENLY REVERSED HIS VEHICLE AND THUS COLLIDED ONTO THE FRONT PORTION OF MY VEHICLE. I WOULD LIKE TO STATE THAT MY VEHICLE WAS STATIONERY STOPPED WHEN THE ACCIDENT TOOK PLACE. I HAD VIDEO RECORDED OF THE ACCIDENT.

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:

15/8/18 4.45pm

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6774F
Vehicle Details	
Vehicle No.:	SKL2398X
Vehicle to be Exported:	No
Intended De-registration Date:	15 Aug 2018
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	SCIROCCO 1.4L AT TSI 1372Q5
Primary Colour:	Blue
Manufacturing Year:	2010
Engine No.:	CAV234723
Chassis No.:	WVWZZZ13ZBV016132
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	\$25,307.00
Original Registration Date:	08 Dec 2010
First Registration Date:	08 Dec 2010
Transfer Count:	2
Actual ARF Paid:	\$25,307.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Dec 2020
PARF Rebate Amount:	\$15,184.00
Intended COE Rebate Details	
COE Expiry Date:	07 Dec 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$34,001.00
COE Rebate Amount:	\$7,855.00
Total Rebate Amount:	\$23,039.00

The information contained herein is correct as at 15 Aug 2018

OK