

MSME: 8114043-02 / SME Motor Pre Ltd - Kaki Bukit
 ENTRY DATE & TIME: 03/09/2018 14:58
 SUBMITTED BY: Sebastian Kong

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 G/A 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 03/09/2018 14:58
 Date Of Accident 01/09/2018 09:55
 Exact Location Of Accident SIMEI AVENUE TOWARDS SINGAPORE EXPO
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKF1880H
Insured/Policyholder
 Name Of Registered Owner TAN TECK CHYE
 NRIC No S1708174H
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-94573388
 Alternative Phone No OFFICE-94573388

Vehicle Particulars

Manufacturer BMW
 Model 320I

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 5094376801
 Cover Note Number

Driver

Name of Driver TAN TECK CHYE
 NRIC No S1708174H
 Date Of Birth 02/03/1965
 Occupation INDOOR
 Date Of Driving Pass 19/06/1985
 Driving Experience 33 YEARS AND 2 MONTHS
 Gender MALE
 Mobile Number +65-94573388
 Fax Number
 Contact Number OFFICE-94573388
 Email Address NOEMAIL

Address BLK157 TAMPINES ST12
#04-35
Postcode S521157
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?
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: : KWOK BEE HUA
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

ON 01/09/2018 AT ABOUT 9.55AM, WHILST TRAVELLING STRAIGHT ALONG SIMEI AVE TOWARDS SINGAPORE EXPO, THERE WAS SLOW MOVING TRAFFIC. VEHICLE AHEAD THEN STOP DUE TO RED TRAFFIC AHEAD. SO I FOLLOWED SUIT. OUT OF A SUDDEN, VEHICLE B (GBB5347H) CAME FROM BEHIND AND HIT INTO THE REAR PORTION OF MY VEHICLE A (SKF1880H)

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 GBB5347H
Vehicle Make/Model/Colour
Details Of Properties
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)

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.:

03 Sep 18
 1330 hrs.

GIA/RAAC Sketch Plan Form_V3

Sketch Plan Pg. 1

SKETCH PLAN

Vehicle A: SFK1880H

B: GBB5347H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/9/2018 at about 9.55am, whilst travelling straight along Simei Ave towards Singapore Expo, there was slow moving traffic. Vehicle ahead then stop due to red traffic ahead. So, I followed suit. Out of sudden, vehicle B (GBB5347H) came from behind and hit into the rear portion of my vehicle A (SFK1880H).

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

GLRMC SketchPlanForm_V3

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 03 Sep 18'
1330 hrs.

3/9/18 1.40 pm
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: