

MSME18130522 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 08/10/2018 16:48
 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 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. 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	08/10/2018 16:48
Date Of Accident	07/10/2018 04:15
Exact Location Of Accident	JUNCTION BETWEEN MATIN RD/SABOO RD & RIVER VALLEY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG910T
Insured/Policyholder	
Name Of Registered Owner	SAMUEL LIM CHEE PENG
NRIC No	S7941231G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91547733
Alternative Phone No	OFFICE-91547733
Vehicle Particulars	
Manufacturer	AUDI
Model	R8
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	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800048533
Cover Note Number	
Driver	
Name of Driver	SAMUEL LIM CHEE PENG
NRIC No	S7941231G
Date Of Birth	04/08/1979
Occupation	INDOOR
Date Of Driving Pass	28/03/2003
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91547733
Fax Number	
Contact Number	OFFICE-91547733
EMail Address	NOEMAIL

Address BLK 18C HOLLAND DRIVE #22-443
 Postcode 274018
 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 ON COLLISION
 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: UNKNOWN
 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 07/10/2018 AT ABOUT 0415HRS, I WAS DRIVING MY CAR (SJG910T) ALONG SAIBOO STREET IN THE RIGHT LANE WITH ONE PASSENGER INSIDE MY CAR. UPON REACHING THE JUNCTION BETWEEN RIVER VALLEY ROAD, A COMFORT DELGRO TAXI (SHC8985U) SUDDENLY TURN OUT FROM THE OPPOSITE DIRECTION (LANE FOR ONLY GO STRAIGHT) WITHOUT CHECKING AND GIVE WAY TO THE ONCOMING TRAFFIC AND COLLIDED ONTO FRONT PORTION OF MY CAR. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST TAXI'S INSURANCE FOR MY ACCIDENT DAMAGES. I WILL GO TO SEE DOCTOR AFTER THIS IF I FEEL UNCOMFORTABLE AFTER ACCIDENT. MY CAR HAS INSTALLED CAR CAMERA AND I WILLING TO PROVIDE MY ACCIDENT VIDEO FOOTAGE FOR MY ACCIDENT CLAIM PURPOSE. THE TAXI DRIVER (MR WOON SOON HOCK) DID ADMIT HIS FAULT IN THIS ACCIDENT BY WRITING AN ADMIT NOTE ATTACHED FOR INSURANCE REFERENCE.

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 SHC8985U
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category TAXI
 Name of Driver WOON SOON HOCK
 NRIC/Passport Number S0417303A

Contact Number 97338617

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 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:



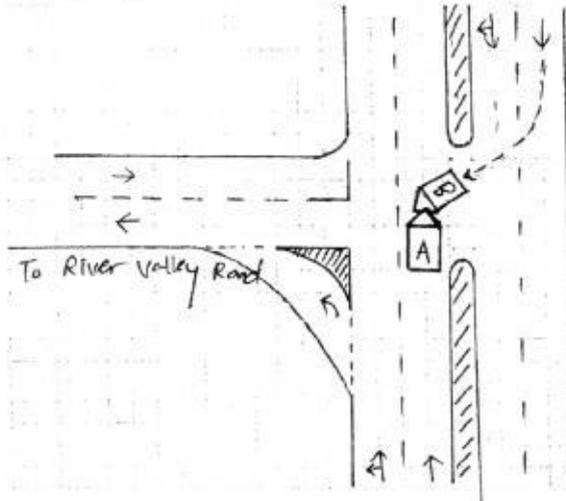
Driver's Signature 8/10/18
(If driver is not the policyholder)
Date & Time: 1545 hrs

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

PRECISE

Sketch Plan #2 Pg. 1

SKETCH PLAN



(A) SJG 910T.

(B) SHC 8985U.

Junction Between Martin Rd
Saiboo Street & River Valley Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07-10-2018 @ about 0415hrs, I was driving my car (SJG 910T) along Saiboo Street in the right lane with one passenger inside my car. Upon reaching the junction between River Valley Road a comfort delgo taxi (SHC 8985U) suddenly turn out from the opposite direction (lane for only go straight) without checking & give way to the oncoming traffic and collided into front portion of my car. Hence, I hereto lodge this report to claim against Taxi's Insurance for my accident damages. I will go to see doctor after this because feel uncomfortable after accident. My car has install car camera & i willing to provide my accident video footage for my accident claim purpose. The taxi driver (Mr Ween Soon Hode) did admit his fault in this accident by write an admit note, attached for insurance reference.

DECLARATION

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

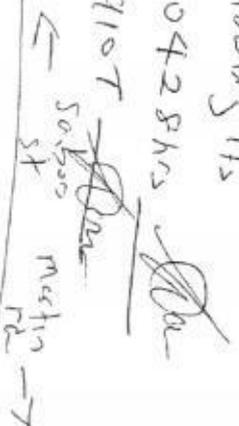
Policyholder's Signature
Date & Time:

Driver's Signature 8/10/18
(If driver is not the policyholder)
Date & Time: 1545h-3

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

Sketch Plan #3 Pg. 1

I was soon hock 50417303A
Agree that its not in my way
I turn to my right knowing its
wrong on 7/11/18 at 0428hrs
thus I begins to 550 910T



50417303A
was soon hock
16/12/1949
Too poor North 2/1/2013
#05-1113
5310203

