

MSME18150162 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 20/11/2018 13:48  
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	20/11/2018 13:48
Date Of Accident	19/11/2018 18:15
Exact Location Of Accident	KPE TWDS SENGKANG BEFORE TAMPINES RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8311Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIAH SIEW SUM
NRIC No	S8168779Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91722640
Alternative Phone No	OFFICE-91722640

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2136377
Cover Note Number	

### Driver

Name of Driver	CHIAH SIEW SUM
NRIC No	S8168779Z
Date Of Birth	28/06/1981
Occupation	INDOOR
Date Of Driving Pass	09/11/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91722640
Fax Number	
Contact Number	OFFICE-91722640
EMail Address	NOEMAIL

Address	BLK 287A COMPASSVALE CRESCENT #05-147
Postcode	541287
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?	YES
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)	1

**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 STRAIGHT ALONG KPE TOWARDS SENGKANG ON THE EXTREME RIGHT LANE. TRAFFIC WAS HEAVY DUE TO TRAFFIC ACCIDENT IN FRONT. VEHICLE IN FRONT OF ME SLOWED AND BRAKED. I FOLLOWED AND BRAKE MY VEHICLE. WHEN SUDDENLY, I FELT A HARD IMPACT. VEHICLE B HAD HIT ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES. AFTER THE ACCIDENT, I SUFFERED PAIN ON MY BACK AND WAS ISSUED WITH 8 DAYS MEDICAL LEAVE.

**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	SFW6698E
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)	

**DETAILS OF INJURED PERSON 1**

Name CHIAH SIEW SUM

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJP8311Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan Pg. 1


SKETCH PLANIMPORTANT NOTICE

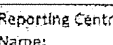
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

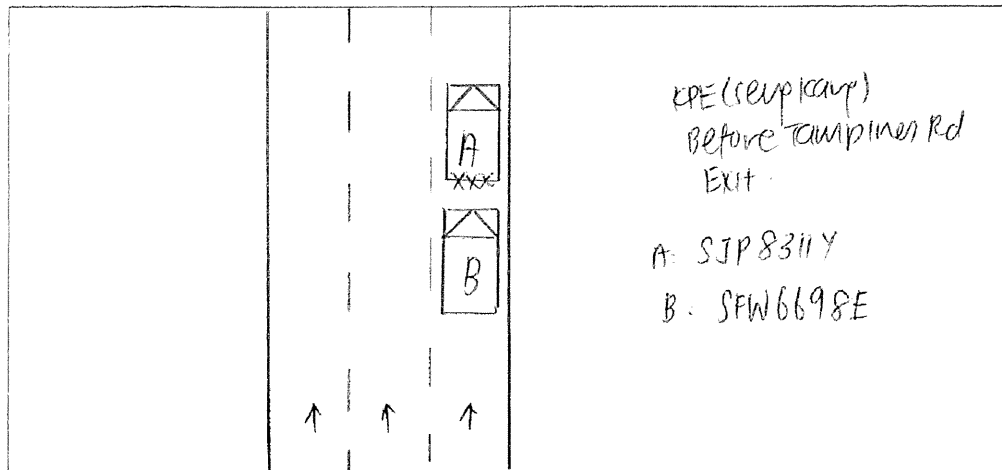
  
 Policyholder's Signature  
 Date & Time:

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

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

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along KPE towards  
Seng Kang on the extreme right lane

Traffic was heavy due to traffic accident  
in front.

Vehicle in front of me slowed and braked.

I followed and braked my vehicle.

When suddenly, I felt a hard impact, vehicle  
"B" had hit onto the rear portion of my vehicle  
and caused damages.

After the accident, I suffered pain on my back  
and was issued with 8 days medical leave.

## 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:

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

## Sketch Plan #3 Pg. 1

**LETTER OF UNDERTAKING**

I/We, CHIAN SIEN GUAN, the owner of vehicle no. SJP83117

My/Our Insurance is under M/s AXA Insurance Pte Ltd , I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, CHEN MOTOR Pte Ltd

Signed and Acknowledge by:



.....  
Nric no. & signature of policyholder

.....  
Company stamp

20/11/18  
.....  
Date