

MSME18159956 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 11/12/2018 15:04  
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	11/12/2018 15:04
Date Of Accident	10/12/2018 16:10
Exact Location Of Accident	TRAFFIC JUNCTION BETWEEN UPP BUKIT TIAMH RD & OLD
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SJR4748L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PRECISE CAR RENTAL PTE LTD
Co Reg No	201818221G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94897930

**Vehicle Particulars**

Manufacturer	TOYOTA
Model	AXIO
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	5101115310-01
Cover Note Number	

**Driver**

Name of Driver	HOE CLARENCE
NRIC No	S8325305C
Date Of Birth	21/03/1983
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2004
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86086896
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 567 HOUGANG ST 51 #09-81
Postcode	530567
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	3
Passenger 1	NAME: : XUAN HONG
	GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN
	GENDER: : MALE

### 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 SAID DATE AND TIME OF THE ACCIDENT, I WAS DRIVING (SJR4748L) WITH 2 PASSENGERS ALONG UPPER BUKIT TIMAH ROAD ON THE SECOND LANE FROM THE RIGHT. UPON REACHING THE TRAFFIC JUNCTION AHEAD, I STATIONARY INSIDE THE TURNING BOX (BEFORE TURN RIGHT INTO OLD JURONG ROAD) WAITING FOR THE GREEN ARROW IN MY FAVOUR. WHEN THE TRAFFIC LIGHT TURN GREEN ARROW SHOWN IN MY FAVOUR, I THEN PROCEED TO TURN RIGHT TO THE OLD JURONG ROAD. SUDDENLY, I FELT AN IMPACT FROM THE LEFT AND DUE TO THE HUGE IMPACT, MY CAR WAS SPINNED 180 DEGREE AND THEN STOP. WHEN I CAME OUT TO INSPECT MY CAR AND I REALISED THAT VEHICLE B (SLK2496P) DASHED OUT FROM THE OPPOSITE DIRECTION (UPPER BUKIT TIMAH RD) WITHOUT GIVING WAY TO THE ONCOMING TRAFFIC AND THEN COLLIDED ONTO LEFT PORTION OF MY CAR. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B'S INSURANCE FOR MY ACCIDENT DAMAGES. MY CAR CAMERA RECORDER MEMORY CARD WAS TAKEN BY TRAFFIC POLICE. ONE OF MY PASSENGER (XUAN HONG) WAS CONVEYED TO HOSPITAL AFTER THE ACCIDENT. IF ME AND MY OTHER PASSENGER FELT ANY UNCOMFORTABLE AFTER THIS, WE WILL GO TO SEE DOCTOR.

### 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	SLK2496P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B

Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD YAZIF BIN HAJI
NRIC/Passport Number	
Contact Number	87484805
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	XUAN HONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJR4748L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	



## 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:

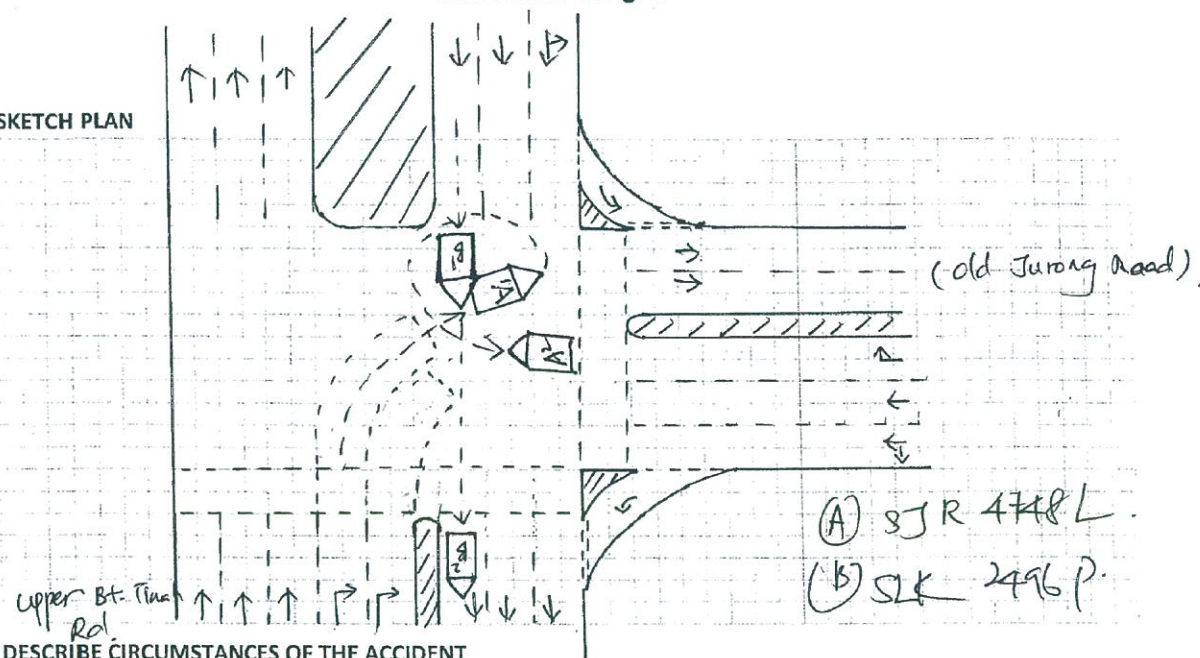
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

PRECISE

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On said date & time of the accident, I was driving (SJR 4748L) with 2 passenger along Upper Bukit Timah Road on the 2nd lane from the right. Upon reaching the traffic junction ahead, I stationary inside the turning box (before turn right into old Jurong Road) waiting for the green arrow in my favour. When i traffic light's green arrow shown into my favour, i then proceed turn right to the old Jurong road, suddenly i felt an impact from the left and due to the huge impact my car was over spinned 180° degree and then stop, when i come out to inspect my car & i realised that veh B (SLK 2496P) dashed out from the opposite direction (Upper Bukit Timah Rd) without give way to the oncoming traffic and then collided onto left portion of my car. Hence I hereto lodge this report to claim against Veh B's Insurance for my accident damage - My car's camera recorder memory card was took by Traffic Police. One of my passenger (Xuan Hong) was conveyed to Hospital after the accident, if me & my other passenger feel any uncomfortable after this, we will go to see doctor.

## 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.: