MSME18162989 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 18/12/2018 17:44 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 <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding 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	18/12/2018 17:44
Date Of Accident	18/12/2018 10:30
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT AFTER THOMSON FLYOVER
Country/State of Loss	SINGAPORE

Date Of Accident	10/12/2010 10:00
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT AFTER THOMSON FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR6685Y
Insured/Policyholder	
Name Of Registered Owner	PRIVILEGE LEASING PTE LTD
Co Reg No	201308268W
Email Address	NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-88581155

Vehicle Particulars

Manufacturer AUDI Model A6

Exact Purpose for which vehicle was being used at time of accident

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 5095486539

Cover Note Number

Driver

Name of Driver

CHAN JIANHAO

NRIC No

S8425077E

Date Of Birth

26/08/1984

Occupation

INDOOR

Date Of Driving Pass

22/11/2005

Driving Experience 13 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90073330

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 686C CHOA CHU KANG CRESCENT #18-222

Postcode 683686

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - -

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident CHAIN COLLISION

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

3

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**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 DRIVING STRAIGHT ALONG PIE TOWARDS CHANGI AIRPORT AFTER THOMSON FLYOVER AT EXTREME RH LANE OF 3 LANES. VEHICLE C IN FRONT OF ME SUDDENLY JAMMED BRAKE. I MANAGED TO STOP IN TIME. SUDDENLY, I FELT AN IMPACT. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE AND CAUSED MY VEHICLE SURGED FORWARD AND COLLIDED ONTO VEHICLE C REAR PORTION. I ALIGHTED AND REALISED THERE WERE TOTAL 3 VEHICLES INVOLVED.

### Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGF5128T

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 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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)
  - (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/mall 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 examplying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

ROC

Driver's Signature (If driver is not the policyholder)

Date & Time.

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

CIARM CSerchStanford via

IM AUTO:

Policyholder's Signature

## Sketch Plan #2 Pg. 1

SKETCH PLAN A. SLR 66854 B: SFF5128T C C. SJ73588X PIE Towards Changi Amport after Thomson flyorer DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ANDONA PH towards straight alona Charmi lanes. WHIME 4 07 MOUNT lane MM m Suddenia brook trong Tamme d Stopped in time. Mh popular of Suddiny onto real In pac while Whide Mira and sugged torward WI Carsid MY rlh MA boldon. prop rear realDld there vehicles altanted and way total · \$ 14/04/11 DECLARATION I/We declar lars are true in ever respect.

Driver's Shanature

Date & Time:

(If driver is not the policyholder)

Name:

NRIC/FIN No.: