

MSME18164899 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 24/12/2018 12:06
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	24/12/2018 12:06
Date Of Accident	21/12/2018 16:00
Exact Location Of Accident	PIE (EXIT SERANGOON)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCN3363Z
Insured/Policyholder	
Name Of Registered Owner	TEO YIANG HOCK
NRIC No	S1521724C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93877779
Alternative Phone No	OFFICE-93877779

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0002242
Cover Note Number	

Driver

Name of Driver	TEO YIANG HOCK
NRIC No	S1521724C
Date Of Birth	02/02/1962
Occupation	INDOOR
Date Of Driving Pass	22/05/1983
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93877779
Fax Number	
Contact Number	OFFICE-93877779
Email Address	NOEMAIL

Address	343 UPPER BUKIT TIMAH ROAD #03-06
Postcode	588196
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	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 IN LANE 2 OF PIE TOWARDS SERANGOON ON 21/12/2018 AT 1600HRS. TRAFFIC HEAVY AT THAT TIME. I WAS FOLLOWING THE VEHICLE IN FRONT OF ME TO STOP. AFTER AWHILE, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY BEHIND. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE.

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	SFZ3579U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	PAUL
NRIC/Passport Number	
Contact Number	929823445
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

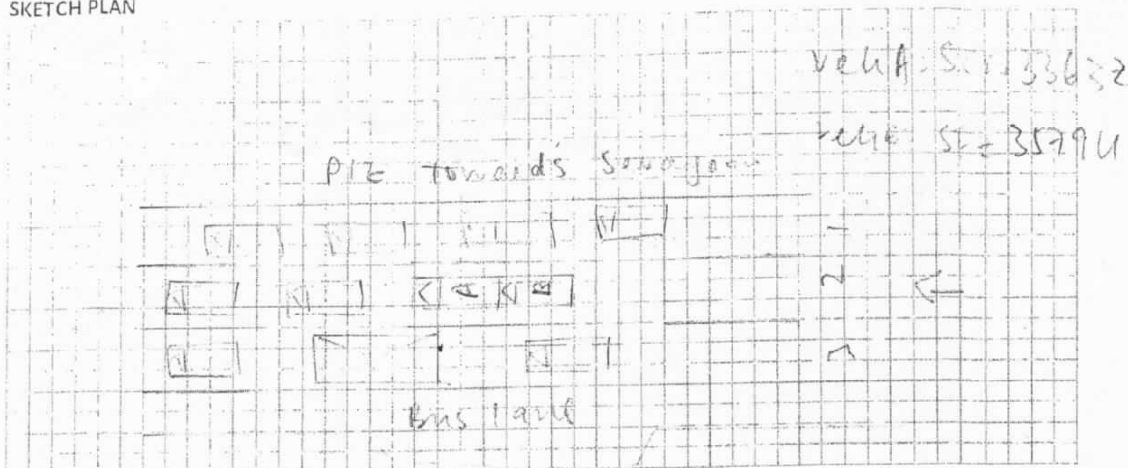
Policyholder's Signature
Date & Time:

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 in lane 2 of PIE towards Serangoon on 21.12.2018/A 1600hrs. Traffic heavy at that time. I was followed the vehicle in front of me to stop. After a while, I heard a bang sound and felt an impact from my behind. Vehicle B was collided onto rear portion of my vehicle.

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

etiqa
Insurance

INTERVIEW FORM

Name (Driver) : TEO YIANG HOCK

Policy No : M 0002242

Vehicle No : SCN 3363 Z

Place of Accident : P1E EXIT SERANGOON

Insured Driver's relationship with Insured : SELF

Drink Driving of Insured and/or Insured Driver : N.A.

No of passenger(s) in Insured vehicle : NIL

Injury to Insured and/or Insured driver, please indicate which hospital:
NIL

Third Party Vehicle No (if any) : SFZ 3579U

No of passenger(s) in Third Party Vehicle : NIL

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
NIL

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
FRONT TO BACK

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
NIL

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) / Date 24/12/18
I, affirmed the above information is given to
my best knowledge

Attended by (Name & Signature) / Date

Workshop Name: _____

Insurance Pte Ltd
1111111111
North Tower
1111111111

+3300477
+332109

1111111111
1111111111

ASSEMBLER OF  Group

Sketch Plan #4 Pg. 1

LETTER OF UNDERTAKING

I/We, Teo Yian Hock, the owner of vehicle no. SCN3363 Z

My/Our Insurance is under M/s Etiqa 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 Etiqa 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, Hua
meny spray painting workshop

Signed and Acknowledge by:

S1527742
Nric no. & signature of policyholder

.....
Company stamp

24/12/18
Date