

MCMM18165726 / Chin Meng Motors - HQ
ENTRY DATE & TIME: 26/12/2018 15:06
SUBMITTED BY: QUEK KIM SENG

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	26/12/2018 15:06
Date Of Accident	24/12/2018 15:40
Exact Location Of Accident	PIE (CHANGI) TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB301Z
Insured/Policyholder	
Name Of Registered Owner	ONG TECK SONG
NRIC No	S1200188F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96383585
Alternative Phone No	OFFICE-96383585

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200-1.8 (A)

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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D-18089525MVPC
Cover Note Number	

Driver

Name of Driver	KHIN THIDA WIN
NRIC No	S8376496A
Date Of Birth	12/12/1983
Occupation	INDOOR
Date Of Driving Pass	17/11/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91899084
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 72 LORONG MELAYU
 Postcode 416975
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured RELATIVE
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
 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 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) 3
 Passenger 1 NAME: : TBA
 GENDER: : MALE
 Passenger 2 NAME: : TBA
 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 24/12/2018 AT ABOUT 3.40PM, WHILST TRAVELLING ALONG PIE (CHANGI) TPWARDS CTE NEAR LAMP POST 635518F, VEHICLE B (XD3694Y) FROM MY RIGHT SUDDENLY CUT INTO MY LANE AND HIT THE RIGHT SIDE OF MY VEHICLE A (SDB301Z)

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 XD3694Y
 Vehicle Make/Model/Colour
 Details Of Properties VEH B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident 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: 26/12/18

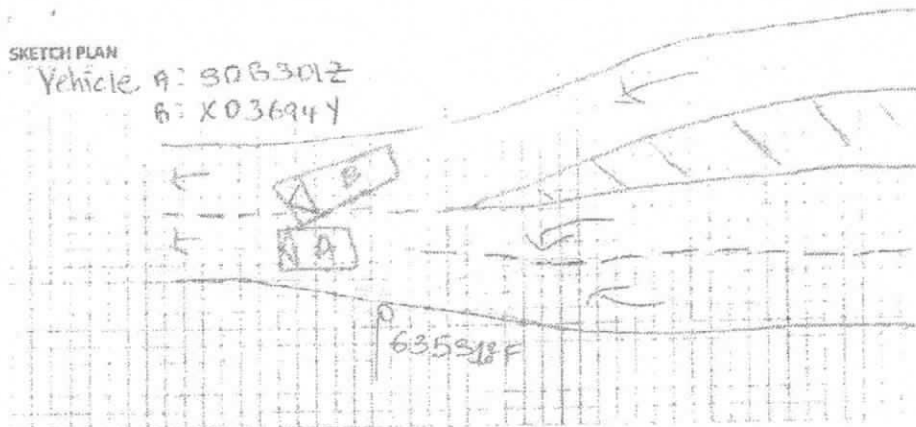
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

QUEK KIM SENG
S00133300

Accident Sketch Plan Pg. 1

SKETCH PLAN

Vehicle A: S0B301Z
B: X03694Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/12/2018 at about 3:40pm, whilst travelling along PIE (Changi) towards CTE near lamp post 635818F, vehicle B (X03694Y) from my right suddenly cut into my lane and hit into the right side of my vehicle A (S0B301Z).

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature
Date & Time:

GUARANT SketchPlanForm_v3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/12/18
10:37am

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

QUEK KIM SENG
S8013338G

