

MSME18165560 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 26/12/2018 12:45
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 | 26/12/2018 12:45 |
| Date Of Accident | 24/12/2018 12:50 |
| Exact Location Of Accident | PIE TWDS CHANGI (BEFORE LORNIE) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLQ7903S |
| Insured/Policyholder | |
| Name Of Registered Owner | SIM LENG HONG |
| NRIC No | S7509203B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96836837 |
| Alternative Phone No | OFFICE-96836837 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | VOLVO |
| Model | C30 |
| 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 | GA294765 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | SIM LENG HONG |
| NRIC No | S7509203B |
| Date Of Birth | 08/04/1975 |
| Occupation | INDOOR |
| Date Of Driving Pass | 21/05/1998 |
| Driving Experience | 20 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96836837 |
| Fax Number | |
| Contact Number | OFFICE-96836837 |
| EMail Address | NOEMAIL |

| | |
|---|---------------------------|
| Address | 82 PUNGGOL CENTRAL #13-05 |
| Postcode | 828763 |
| 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 | 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 | 4 |
| 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

ON SAID DATE AND TIME OF THE ACCIDENT, I WAS DRIVING MY CAR (SLQ7903S) ALONG PIE TOWARDS CHANGI IN THE EXTREME RIGHT LANE. VEHICLES IN FRONT OF ME STOPPED AND I SLOWED DOWN AND STOP TOO. SUDDENLY, I FELT AN IMPACT FROM BEHIND. WHEN I CAME OUT TO INSPECT MY CAR, I REALISED THAT I WAS INVOLVED IN 4 CARS CHAIN COLLISION ACCIDENT. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SHD3576U)'S INSURANCE FOR MY ACCIDENT DAMAGES. I WENT TO SEE DOCTOR AND WAS GIVEN 1 DAY MC. I WILL CONTINUE MY MEDICAL TREATMENT IF STILL FEELING NOT WELL AFTER THIS.

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 | SHD3576U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | VEHICLE B |
| Vehicle Category | TAXI |
| Name of Driver | LIM AH SAI |
| NRIC/Passport Number | S00844201 |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)*

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMG5060C
Vehicle Make/Model/Colour
Details Of Properties VEHICLE C
Vehicle Category PRIVATE CAR
Name of Driver YEH CHUEN LEONG
NRIC/Passport Number S8820238D
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLS441T
Vehicle Make/Model/Colour
Details Of Properties VEHICLE D
Vehicle Category PRIVATE CAR
Name of Driver TAN XIANG WEI
NRIC/Passport Number S8916131B
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SIM LENG HONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLQ7903S
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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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:



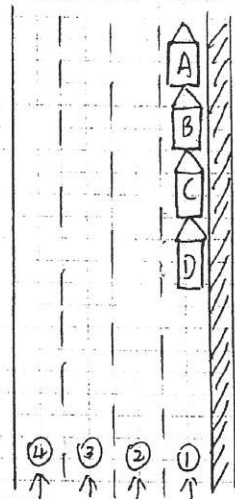

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/12/18 11:30am.



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



Veh. A: SLQ 7903S

Veh. B: SHD 3576U

Veh. C: SMG 5060C

Veh. D: SLS 441T.

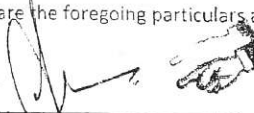
PIE Towards Changi
(Before Lornie).


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On said date & time of the accident, I was driving my car (SLQ 7903S) along PIE towards Changi in the extreme right lane. Vehicles in front of me stopped so I slow down and stop too. Suddenly I felt an impact from behind and when I came out to inspect my car I realized that I was involved in a 4 cars chain collision accident. Hence I want to lodge this report to claim against Veh. B (SHD 3576U)'s insurance for my accident damages. After the accident, I was sent to see doctor and was given 2 days off. I will continue my medical treatment if still feeling not well after this.

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: 26.12.18


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

1130am.

Sketch Plan #3 Pg. 1


LETTER OF UNDERTAKING

I/We, Sim Leng Hong, the owner of vehicle no. SLQ 7903S

My/Our Insurance is under M/s AXA Insurance Singapore 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 Singapore 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, Precise Auto Service

Signed and Acknowledge by:

SLQ 7903S 
Nric no. and signature of policyholder

.....
Company Stamp

26/12/18
Date