MSME19030176 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 05/03/2019 17:36
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 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	05/03/2019 17:36
Date Of Accident	04/03/2019 03:00
Exact Location Of Accident	JUNCTION OF CAVENAGH RD & KARMAT RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT3599Y
Insured/Policyholder	
Name Of Registered Owner	CHIA LAY HWA
NRIC No	S1567536E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91905105
Alternative Phone No	OFFICE-91905105
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800063679
Cover Note Number	
Driver	
Name of Driver	CHIA SENG LOKE
NRIC No	S6935902G
Date Of Birth	09/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	28/04/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91905105
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 312B ANCHORVALE LANE #06-62
Postcode	542312
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	COLLISION - MAJOR/MINOR RD
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?	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: : KUNG WA LEUNG
	GENDER: : MALE
Passenger 2	NAME: : CHAI SHEAU WAH
	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 THE SAID DATE AND TIME OF ACCIDENT, I WAS TRAVELLING ALONG CAVENAGH ROAD TOWARDS ORCHARD ROAD ON THE LEFT LANE. UPON REACHING THE JUNCTION OF CAVENAGH ROAD & KARMAT ROAD, TRAFFIC WAS RED AND I CAME TO A HALT WAITING FOR GREEN LIGHT. AS GREEN LIGHT APPEARED IN MY FAVOUR, I PROCEED TOWARDS ORCHARD ROAD AND A VEHICLE B TRAVELLING ALONG KARMAT ROAD, ON MY LEFT DIDN'T STOP AND COLLIDED ONTO THE FRONT LEFT PORTION OF MY VEHICLE. THE TAXI DRIVER ALIGHTED AND APOLOGISED FOR THE ACCIDENT. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SHD3553K)'S INSURANCE FOR MY ACCIDENT DAMAGES. I WILL GO TO SEE DOCTOR AFTER THIS BECAUSE I STILL FELLING NOT WELL AFTER THE ACCIDENT HAPPENED.

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	SHD3553K
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	MR TAN

NRIC/Passport Number	
Contact Number	82682602
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHIA SENG LOKE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLT3599Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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 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.

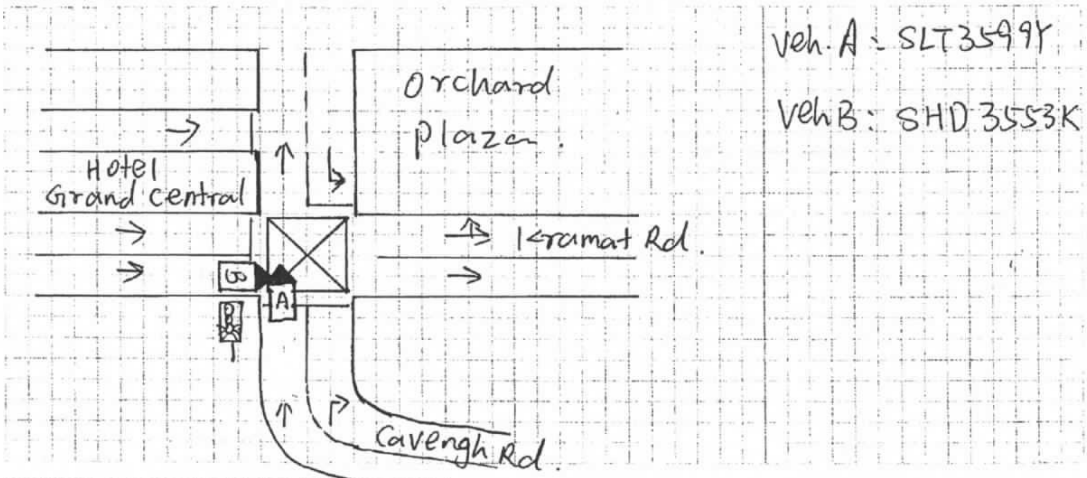
X X

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 3.15pm. 04/03/2019.	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

PRECISE

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the said date & time of accident, I was travelling along Cavenagh Road towards Orchard Road on the left lane. Upon reaching the junction of Cavenagh Road & Kramat Road, traffic was red and I came to a halt waiting for green light. As the green light appeared in my favour, I proceed towards orchard Road and a vehicle B travelling along Kramat Road, on my left, didn't stopped and collided on to the front left portion of my vehicle. The taxi driver alighted and apologised for the accident. Hence I hereto lodge this report to claim against Veh B (SHD 3553K)'s Insurance for my accident damages. I will go to see doctor after this because I still feeling not well after the accident happened.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time: 3:15 pm 04/03/2019	NRIC/FIN No.: