

MSME19053279 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 24/04/2019 17:48  
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 24/04/2019 17:48  
Date Of Accident 24/04/2019 15:00  
Exact Location Of Accident PIE TWDS TUAS (NEAR EXIT CTE)  
Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SKD5414E  
**Insured/Policyholder**  
Name Of Registered Owner THONG YAOCHANG DERRICK  
NRIC No S8419043H  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-91084489  
Alternative Phone No OFFICE-91084489

## Vehicle Particulars

Manufacturer TOYOTA  
Model ESTIMA  
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 5106014667  
Cover Note Number

## Driver

Name of Driver WANG RUXIN  
NRIC No S8400227E  
Date Of Birth 07/01/1984  
Occupation INDOOR  
Date Of Driving Pass 16/11/2009  
Driving Experience 9 YEARS AND 5 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-91071738  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address	30 STURDEE ROAD #25-06
Postcode	207852
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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)	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 STATIONARY ALONG LANE 3 OF PIE TOWARDS TUAS NEAR CTE EXIT ON 24/04/2019 AT 1500HRS. A VEHICLE IN FRONT OF ME TRY TO CUT INTO THE EXIT AND I GIVE WAY TO HIM. SUDDENLY, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY REAR. VEHICLE B HAD 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	XE3528P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE 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)	

**DETAILS OF INJURED PERSON 1**

Name WANG RUXIN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKD5414E  
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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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:

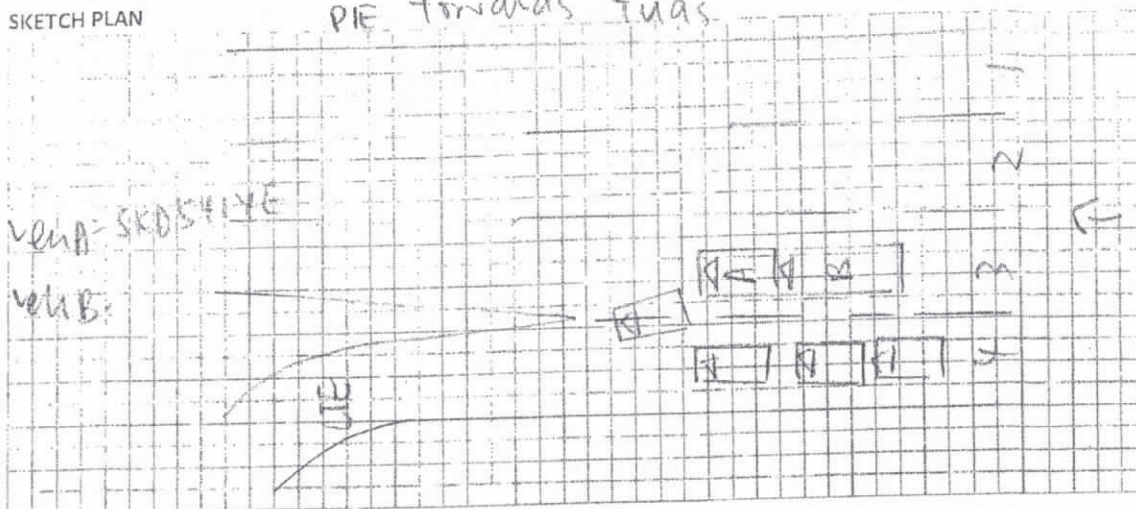
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

FFA MEMO

## Sketch Plan #2 Pg. 1

### SKETCH PLAN

PIE towards Tinas



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along lane 3 of PIE  
exit  
towards Thas near CTE, on 24.04.2019 @  
1500hrs. A vehicle in front of me try to cut  
into the exit and I give way to him.  
Suddenly, I heard a bang sound and  
felt an impact from my rear. 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:

24/4/19 4 PM