

MSME19059816 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 08/05/2019 17:26  
 SUBMITTED BY: Chia Pel 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	08/05/2019 17:26
Date Of Accident	08/05/2019 08:05
Exact Location Of Accident	PIE TWDS TUAS (NEAR ENG NEO EXIT)
Country/State of Loss	SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG8714D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMAD SOFIAN BIN MOHAMAD YONI
NRIC No	S8107563H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90084626
Alternative Phone No	OFFICE-90084626

## Vehicle Particulars

Manufacturer	HYUNDAI
Model	VELOSTER
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-007072
Cover Note Number	

## Driver

Name of Driver	MOHAMAD SOFIAN BIN MOHAMAD YONI
NRIC No	S8107563H
Date Of Birth	03/03/1981
Occupation	INDOOR
Date Of Driving Pass	30/06/2005
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90084626
Fax Number	
Contact Number	OFFICE-90084626
EEmail Address	NOEMAIL

Address	BLK 274D PUNGGOL PLACE #10-848
Postcode	824274
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	RAINING
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 ALONG LANE 1 OF PIE TOWARDS TUAS (NEAR ENG NEO EXIT) ON 08/05/2019 AT 0805HRS. TRAFFIC BUSY AT THAT TIME. I FOLLOWED THE VEHICLE IN FRONT OF ME TO SLOW DOWN AND STOP. SUDDENLY, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY REAR. 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	SME3528U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	UMAR BIN SYED ABDUL RAHMAN ALKAFF
NRIC/Passport Number	
Contact Number	94775696
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.:

HUA MENA

Sketch Plan #2 Pg. 1

### SKETCH PLAN

SKETCH PLAN

PIE towards TUALS (near Eng Neo Exit)

Diagram showing a sketch plan of a road layout. The plan includes a main road with a central divider and side roads branching off. A box labeled 'PIE' is shown on the left side of the main road. A box labeled 'TUALS' is shown on the right side of the main road. A box labeled 'Eng Neo Exit' is shown at the bottom of the main road. A box labeled 'PIE' is shown on the left side of the main road. A box labeled 'TUALS' is shown on the right side of the main road. A box labeled 'Eng Neo Exit' is shown at the bottom of the main road.

VEHA: \$468714D

VEHA: SMC3528N

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along lane 1 of PIE towards  
Tuas (near Eng Neo Exit) on 18.05.2019 @ 0805 hrs.  
Traffic busy at that time. I was forced  
the vehicle in front of me to slow down  
and stop. 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:

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