

MSME19060900 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME 10/05/2019 15:53  
 SUBMITTED BY: Chia Pei Ying

Adrian LKK  
 Longue

## 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 10/05/2019 15:53  
 Date Of Accident 10/05/2019 06:40  
 Exact Location Of Accident JLN JURONG KECHIL & WOODLANDS RD  
 Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number CB6841D  
**Insured/Policyholder**  
 Name Of Registered Owner WEE HOCK SENG SCHOOL BUS SERVICE  
 Co Reg No 53235180X  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-98651577  
**Vehicle Particulars**  
 Manufacturer MITSUBISHI  
 Model BE639GRMHDEA  
 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 COMMERCIAL VEHICLE  
**Insurance Company**  
 Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT  
 Fleet Policy NO  
 Policy Number 5092783184-01  
 Cover Note Number  
**Driver**  
 Name of Driver WEE HOCK SENG  
 NRIC No S0220651Z  
 Date Of Birth 26/04/1952  
 Occupation OUTDOOR  
 Date Of Driving Pass 23/07/1971  
 Driving Experience 47 YEARS AND 9 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-98651577  
 Fax Number  
 Contact Number  
 Email Address NOEMAIL

Address BLK 667A JURONG WEST ST 65# 15-103  
 Postcode 641667  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - DIRECTOR  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident SIDE SWIPE  
 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) 11

Passenger 1 NAME: : UNKNOWN  
 GENDER: : FEMALE

Passenger 2 NAME: : UNKNOWN  
 GENDER: : FEMALE

Passenger 3 NAME: : UNKNOWN  
 GENDER: : FEMALE

Passenger 4 NAME: : UNKNOWN  
 GENDER: : FEMALE

Passenger 5 NAME: : UNKNOWN  
 GENDER: : FEMALE

Passenger 6 NAME: : UNKNOWN  
 GENDER: : FEMALE

Passenger 7 NAME: : UNKNOWN  
 GENDER: : FEMALE

Passenger 8 NAME: : UNKNOWN  
 GENDER: : FEMALE

Passenger 9 NAME: : UNKNOWN  
 GENDER: : FEMALE

Passenger 10 NAME: : UNKNOWN  
 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**

I WAS DRIVING ALONG JALAN JURONG KECHIL AND WOODLANDS RD AT THIRD LANE OF 5 LANES. AFTER TRAFFIC LIGHT TURNED GREEN, I PROCEED TO TURN RH. SUDDENLY, I FELT AN IMPACT. VEHICLE B FROM MY LH TURNED RIGHT AND ENCROACHED INTO MY LANE AND COLLIDED ONTO FRONT LH PORTION OF MY VEHICLE AND CAUSED DAMAGES WHEREBY VEHICLE B LANE IS STRAIGHT INSTEAD OF TURN RH.

**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 SKP4088D  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE B  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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:

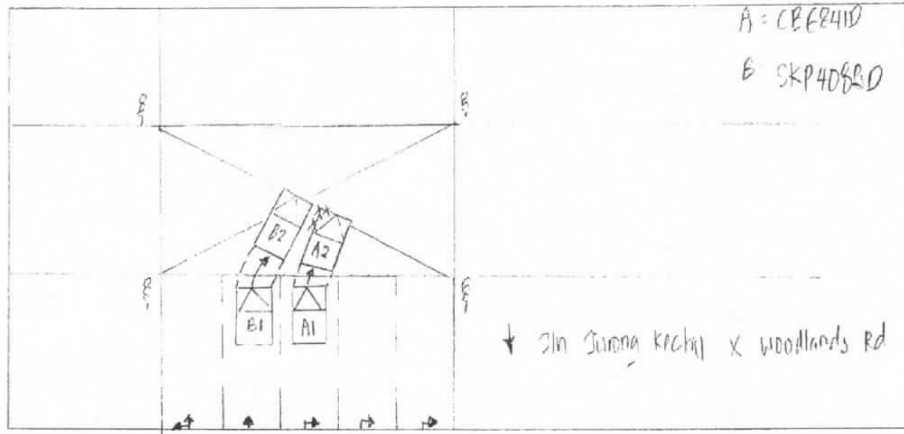
Reporting Centre Personnel's Signature  
Name:  
NIC/FIN No.:

2018/05/10 16:08 FAX

NEW HOCK SENG

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Jln Jurong Kechil X Woodlands Rd at 3rd lane of 5 lanes.  
 After traffic light turned green, I proceed to turn Rt.  
 Suddenly, I felt an impact. ven "B" from my Lt turn Rt and encroached  
 into my lane and collided onto front Lt portion of my vehicle and caused  
 damages whereby ven "B" lane is straight instead of turn Rt.

## DECLARATION

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

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Policyholder's Signature  
 Date & Time:

黃福星

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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