

MSME19066913 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 23/05/2019 17:13  
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	23/05/2019 17:13
Date Of Accident	22/05/2019 15:35
Exact Location Of Accident	SCHOOL- CHATSWORTH (BUS NO: 11)
Country/State of Loss	SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8084J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE KIOK HOO
NRIC No	S2612405J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97961105
Alternative Phone No	OFFICE-97961105

## Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P2157986
Cover Note Number	

## Driver

Name of Driver	LEE KIOK HOO
NRIC No	S2612405J
Date Of Birth	05/11/1962
Occupation	OUTDOOR
Date Of Driving Pass	21/12/1979
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97961105
Fax Number	
Contact Number	OFFICE-97961105
EMail Address	NOEMAIL

Address BLK 417 ANG MO KIO AVE 10 #13-1031  
 Postcode 560417  
 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 - 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? 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) 6  
 Passenger 1  
 NAME: : UNKNOWN  
 GENDER: : FEMALE  
 Passenger 2  
 NAME: : UNKNOWN  
 GENDER: : FEMALE  
 Passenger 3  
 NAME: : UNKNOWN  
 GENDER: : FEMALE  
 Passenger 4  
 NAME: : UNKNOWN  
 GENDER: : MALE  
 Passenger 5  
 NAME: : UNKNOWN  
 GENDER: : MALE

**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 22/05/2019 AT ABOUT 1537HRS, I WAS DRIVING MY BUS (CB8084J) ALONG SCHOOL- CHATSWORTH WITH 4 CHILDREN (STUDENTS) AND 1 AUNTIE (BUS ATTENDANT) AND TOWARDS THE EXIT WAY. SUDDENLY, I FELT AN IMPACT FROM LEFT SIDE AND I REALISED THAT VEHICLE B (SLZ8968B) CAME OUT FROM LEFT SIDE AND I REALISED THE VEHICLE B (SLZ8968B) CAME OUT FROM THE MINOR ROAD ON THE LEFT SIDE WITHOUT GIVING WAY TO THE ONCOMING TRAFFIC FROM THE MAJOR ROAD AND COLLIDED ONTO FRONT LEFT PORTION OF MY BUS. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SLZ8968B)'S INSURANCE FOR MY ACCIDENT DAMAGES. I WISH TO STATE THAT MY BUS HAS INSTALLED CAR CAMERA RECORDER AND I WILLING TO PROVIDE MY VIDEO FOOTAGE FOR MY ACCIDENT CLAIM PURPOSE.

**Attachment(s)**

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES  
Remarks/ Reasons: WITH TP WORKSHOP  
Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLZ8968B  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE B  
Vehicle Category PRIVATE CAR  
Name of Driver LEE HYE JIN  
NRIC/Passport Number G6304129M  
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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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:

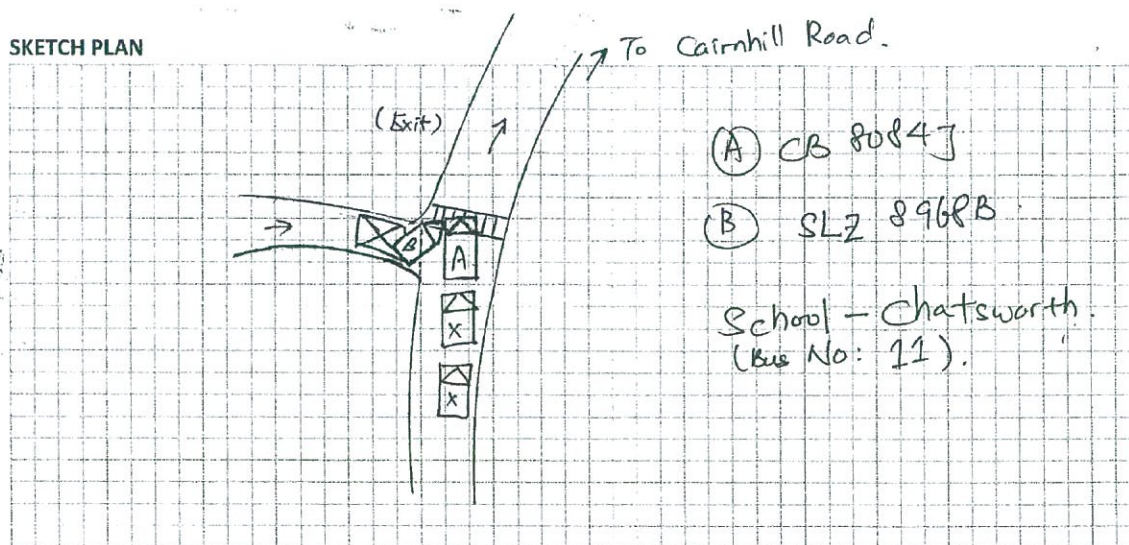
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 9.50AM

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

23/5/2019

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22-05-2019 @ about 1537hrs I was driving my bus (CB 8084J) along school-chatsworth with 4 children (student) & 1 Adult (Bus Attendant) and towards to the exit way. Suddenly i felt an impact from left side and i realized that vehicle B (SLZ 8968B) came out from the minor road on the left side without give way to the oncoming traffic from the major road and collided onto front left portion of my bus. Hence, I hereby lodge this report to claim against vehicle B (SLZ 8968B) 's Insurance for my accident damages. I wish to state that my bus has install car camera recorder & i willing to provide my video footage for my accident claim purpose.

## 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.:

9:50 AM  
23/5/2019



## Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/We, Lee KioK Hoo, the owner of vehicle no. CB 8084J.

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:

940-1215 2612405  
Nric no. and signature of policyholder

.....  
Company Stamp

23/5/2019  
Date