MSME19075502 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 10/06/2019 16:26 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	10/06/2019 16:26	
Date Of Accident	08/06/2019 16:30	
Exact Location Of Accident	BUKIT TIMAH ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKA3353B	
Insured/Policyholder		
Name Of Registered Owner	KWA TIONG GUAN	
NRIC No	S0398141Z	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +	
Alternative Phone No	OFFICE:	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	C180K	
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	

Fleet Policy

Policy Number 2100248026-08

Cover Note Number

# Driver

Name of Driver **KWA TIONG GUAN** 

NRIC No S0398141Z Date Of Birth 01/01/1940 Occupation **INDOOR** Date Of Driving Pass 13/05/1959

**Driving Experience** 60 YEARS AND 0 MONTHS

Gender MALE Mobile Number (LOCAL) ·

Fax Number

Contact Number **OFFICE EMail Address** NOEMAIL Address

Postcode

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

3

### General Information of the Accident

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR DRY Road Surface

# Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

NO

If Yes, against whom?

#### Circumstances of Accident

ON 09/06/2019 AT ABOUT 1630HRS, I WAS DRIVING MY VEHICLE A (SKA3353B) ALONG THE SECOND LANE OF BUKIT TIMAH ROAD. I NOTICE THAT VEHICLE AHEAD STOPPED. THEREFORE, I FOLLOWED SUIT. SUDDENLY, I FELT AN IMPACT FROM BEHIND. AFTER ALIGHTED, I REALISED IT WAS A CHAIN COLLISION INVOLVING 3 VEHICLES.

# 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**

S2723177B

Vehicle Registration Number SLH8390L

Vehicle Make/Model/Colour

**Details Of Properties** VEHICLE B

Vehicle Category PRIVATE CAR Name of Driver TIMOTHY NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKN3549K

VEHICLE C PRIVATE CAR TAN KAY SWEE

S1163534B

## Sketch Plan Pg. 1

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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.

Date & Time:

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

TAN LIM

# Sketch Plan #2 Pg. 1

SKETCH PLAN				
	न जिल्ला च			
	B:	EA3353B 9LH 8390L 8KN3549K.		
Peter to Annex	THE ACCIDENT			
	<del></del>			
_				
DECLARATION /We declare the foregoing particulars	are true in every respect.			
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:		

Date & Time:

NRIC/FIN No .:

# Sketch Plan #3 Pg. 1

# Annex 1

On 08.06.2019 at about 1630hrs, I was driving my vehicle (A: SKA3353B) along the 2<sup>th</sup> lane of Bukit Timah road. I notice that vehicle ahead stopped therefore I followed suit. Suddenly, I felt an impact from behind. After alighted, I realized it was a chain collision involved total of 3 vehicles.

Vehicle A (SKA3353B): No passenger on board.

Vehicle B (SLH8390L): Unknown passenger on board.

Vehicle C (SKN3549K): Unknown passenger on board.

Page 6 of 17