MSME19078937 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 17/06/2019 17:26 SUBMITTED BY: Chia Pei Ying

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

EMail Address

- 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.

THE PERSON NAMED IN COLUMN TWO	ACCIDENT STATEMENT
Date Of Report	17/06/2019 17:26
Date Of Accident	15/06/2019 13:40
Exact Location Of Accident	TANJONG RHU RD TWDS MEYER RD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDP5192P
Insured/Policyholder	
Name Of Registered Owner	KHOO GHEE WHATT JEREMY
NRIC No	S7112722B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91193118
Alternative Phone No	OFFICE-91193118
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	130
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2247018
Cover Note Number	
Driver	
Name of Driver	KHOO GHEE WHATT JEREMY
NRIC No	S7112722B
Date Of Birth	16/04/1971
Occupation	INDOOR
Date Of Driving Pass	11/12/1992
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91193118
Fax Number	
Contact Number	OFFICE-91193118

NOEMAIL

Address 181 TANJONG RHU ROAD #11-11

Postcode 436922

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 - CHANGE/CROSS LANE

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

ambulance?

Was any body injured in the Accident?

NO NO

Was any injured conveyed to hospital by

YES

Was any other material or property damaged?

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

ON 15/06/2019 AT ABOUT 1340HRS, I WAS DRIVING ALONG TANJONG RHU ROAD TOWARDS MEYER ROAD ON THE LEFT LANE. I WAS TRAVELLING STRAIGHT AND VEHICLE B (SFT1701C) CUT INTO MY LANE AND KNOCKED ONTO MY VEHICLE A CAUSING DAMAGES TO THE RIGHT SIDE OF MY VEHICLE.

# Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFT1701C

Vehicle Make/Model/Colour

VEHICLE B

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

LEE SEA YEAN

NRIC/Passport Number

S6825632A

Contact Number

98629473

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- 8y 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 aforesald.
- 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.

Policyhald

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 .:

CAS GLAPACIE

# Sketch Plan #2 Pg. 1

MAYBR ROAD
Yehicle A; SDP SIQ2P  Yehicle B: SFT HOIC  THISTORY AND SONOT
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
on 15.06.19 at about 1340 HRS. I was driving along
Tanjong RHU Road towards Mayer Road on the left
lane. I was traveling straight and vehicle CB): SFT17010 Out into my lane and knocked onto me, vehicle CA)
and into my lane and knocked onto me, vehicle (A)
causing damages to the right side of my rehicle.
vehicle CA) = SDP SIQ2 P vehicle CB) = SFT 1701 C
DECLARATION
I/We declare the foregoing particulars are true in every respect.

Strate Children Strate

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

Sketch Plan #3 Pg. 1

# LETTER OF UNDERTAKING

	I/We, Khoo Ghee Whatt Jeverny, the owner of vehicle no. SDP5192P
	My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance 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,
	Signed and Acknowledge by:
SP	Nric no. & signature of policyholder Company stamp Date