

MSME19083853 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 27/06/2019 17:50
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	27/06/2019 17:50
Date Of Accident	27/06/2019 10:55
Exact Location Of Accident	ALONG PIE TOWARDS JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8054H
Insured/Policyholder	
Name Of Registered Owner	JOYRIDE CAR RENTAL PTE LTD
Co Reg No	201818221G 2065H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94897930

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS

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 NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5108201739

Cover Note Number

Driver

Name of Driver KAY KAH HOCK

NRIC No S1537982J

Date Of Birth 27/07/1962

Occupation OUTDOOR

Date Of Driving Pass 13/08/1984

Driving Experience 34 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96378573

Fax Number

Contact Number

EEmail Address NOEMAIL

Address BLK 262B COMPASSVALE STREET #08-105
 Postcode 542262
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 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 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) 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 27/06/2019 AT ABOUT 1055AM, I WAS DRIVING MY CAR (SJV8054H) ALONG PIE TOWARDS JURONG IN THE EXTREME RIGHT LANE. IT WAS HEAVY TRAFFIC STATUS AT THAT TIME AND ALL VEHICLES ARE IN SLOW MOVING. SUDDENLY, I FELT AN IMPACT FROM BEHIND AND I REALISED THAT VEHICLE B (SLK7017G) DID NOT STOP IN TIME AND COLLIDED ONTO REAR PORTION OF MY CAR. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B'S INSURANCE FOR MY CAR ACCIDENT DAMAGES. MY CAR HAS INSTALLED CAR CAMERA RECORDER AND I WILLING TO PROVIDE ACCIDENT VIDEO FOOTAGE FOR MY CAR ACCIDENT CLAIM PURPOSE. I WILL GO TO SEE DOCTOR IF FEEL ANY UNCOMFORTABLE AFTER THIS.

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 SLK7017G
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver VASANTH SESHADRI
 NRIC/Passport Number S8371170A
 Contact Number 98625147
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

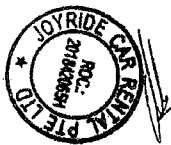
Sketch Plan Pg. 1

SKETCH PLAN**IMPORTANT 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:

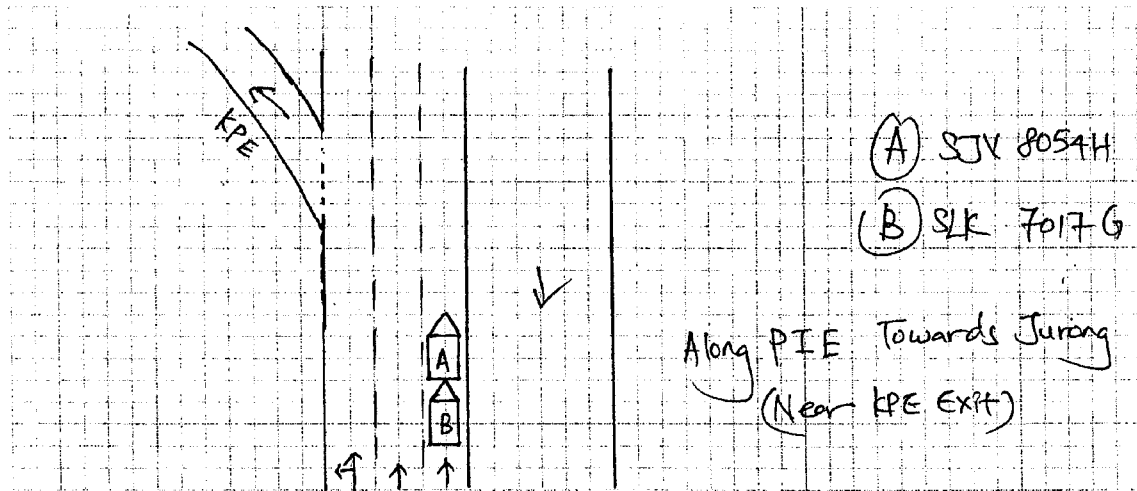
27/06/2019 12:00pm.

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

PRECISE

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27-06-2019 @ about _____ am, I was driving my car (SJV 8054H) along PIE Towards Jong in the extreme right lane. It was heavy traffic status on the time and all vehicles are in slow moving. Suddenly i felt an impact from behind and i realized that Vehicle B (SLK 7017G) did not stop in time and collided onto rear portion of my car. Hence i hereto lodge this report to claim against Vehicle B's Insurance for my car accident damages. My car has install car camera recorder and i willing to provide accident video footage for my car accident claim purpose. I will go to see doctor if feel any uncomfortable after this.

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:

27/6/2019 12.00 pm.

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

