

MSME19087746 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 05/07/2019 16:32  
 SUBMITTED BY: Wen 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	05/07/2019 16:32
Date Of Accident	04/07/2019 20:50
Exact Location Of Accident	CARPARK AREAS OF BLK 745 /744 WOODLANDS CIRCLE.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH8057M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY SU YIN
NRIC No	S9005792H
Email Address	SUYINTAY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90931723
Alternative Phone No	OFFICE-90931723

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107312224
Cover Note Number	

### Driver

Name of Driver	TAY SU YIN
NRIC No	S9005792H
Date Of Birth	19/02/1990
Occupation	INDOOR
Date Of Driving Pass	25/01/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90931723
Fax Number	
Contact Number	OFFICE-90931723
EMail Address	SUYINTAY@GMAIL.COM

Address	BLK 298A COMPASSVALE ST #03-190
Postcode	541298
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	RAINING
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?	YES
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 04/07/2019 AT ABOUT 2050 HRS, I WAS DRIVING MY CAR SMH8057M ALONG THE CARPARK AREAS OF BLK 745 /744 WOODLANDS CIRCLE AND I WAS ABOUT TO DRIVE OUT OF THE EXIT. SUDDENLY I FELT AN IMPACT FROM MY LEFT SIDE AND I REALISED THAT A CAR SLF1333J SUDDENLY REVERSE FROM HER CARPARK LOT WITHOUT CHECKING AND GIVE WAY TO ONCOMING TRAFFIC FROM HER BEHIND AND COLLIDED ONTO LEFT PORTION OF MY CAR. AFTER THE ACCIDENT, I WAS FELT SUFFERED AND PAIN AND I WENT TO SEE DOCTOR. I WAS GIVEN 4 DAYS MC. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B INSURANCE FOR MY ACCIDENT DAMAGES.

### 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	SLF1333J
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	CAROL TOH
NRIC/Passport Number	S1492578C
Contact Number	92991721
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 3  
Passenger 1 NAME: :  
GENDER: :  
Passenger 2 NAME: :  
GENDER: :

**DETAILS OF INJURED PERSON 1**

Name TAY SU YIN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SMH8057M  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Accident Sketch Plan Pg. 1

### SKETCH PLAN

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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:



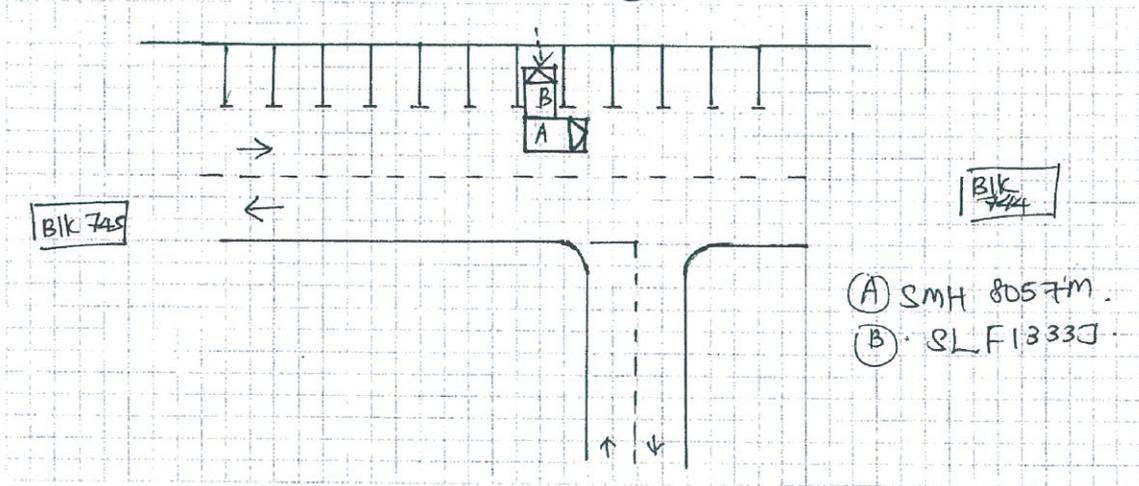
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Accident Sketch Plan Pg. 1

SKETCH PLAN

Woodlands Circle.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04 July 2019 @ about 2:50hrs, I was driving my car (SMH 8057M) along the car park area of BIK 745 / 744 Woodlands Circle and I was about to drive out to the exit. Suddenly I felt an impact from my left side and I realized that a car (SLF 1333J) suddenly reverse from her car park lot without checking & give way the oncoming traffic from her behind and then collided onto left portion of my car. After the accident, I was felt suffered & pain and I went to see doctor. I was given 4 days MC. Hence I hereto lodge this report to claim against Vehicle B (SLF 1333J) is Insurance for my accident damages.

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: 05/07/2019  
(03:17pm)

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

precise