

MSME19100115 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 31/07/2019 11:34
SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 31/07/2019 11:44

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	31/07/2019 11:34
Date Of Accident	27/07/2019 12:30
Exact Location Of Accident	CARPARK AREA OF ST GEORGE'S RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX3161D
Insured/Policyholder	
Name Of Registered Owner	KUO CHIH YUAN
NRIC No	S7470543Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97376769
Alternative Phone No	OFFICE-97376769

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180

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	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP308703
Cover Note Number	

Driver

Name of Driver	GAO JING
NRIC No	S7656395J
Date Of Birth	07/09/1976
Occupation	INDOOR
Date Of Driving Pass	13/03/2018
Driving Experience	1 YEAR AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90049168

Fax Number

Contact Number

Email Address

GAOSHELLY@HOTMAIL.COM

Address	BLK 21 ST.GEORGE'S ROAD #14-172
Postcode	321021
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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 28/07/2019 AT ABOUT 10AM, I WAS INFORMED BY MY NEIGHBOUR THAT MY CAR (SJX3161D) HAS BEEN COLLIDED BY A TRUCK. SO, I WENT DOWN TO THE CARPARK AREA TO CHECK MY CAR AND I REALISED THAT MY CAR REAR PORTION WAS DAMAGED. MY NEIGHBOUR ALSO DID PASS TO ME A NOTICE WHICH WAS WRITTEN BY THE TRUCK'S DRIVER AND PUT ON MY CAR. AFTER THAT, I DID CONTACT THE DRIVER WHOM COLLIDED ONTO REAR PORTION OF MY CAR AND THE TRUCK'S COMPANY BOSS (MR THOMAS) TRIED TO NEGOTIATE FOR PRIVATE SETTLEMENT HOWEVER UNTIL TODAY, THEY INFORMED ME THAT THE REPAIR COST IS OVER THEIR BUDGET AND THEY INTEND TO GO THROUGH INSURANCE CLAIM. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (YP6144Z)'S 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	YP6144Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SHI TAO
NRIC/Passport Number	
Contact Number	96405564
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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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:

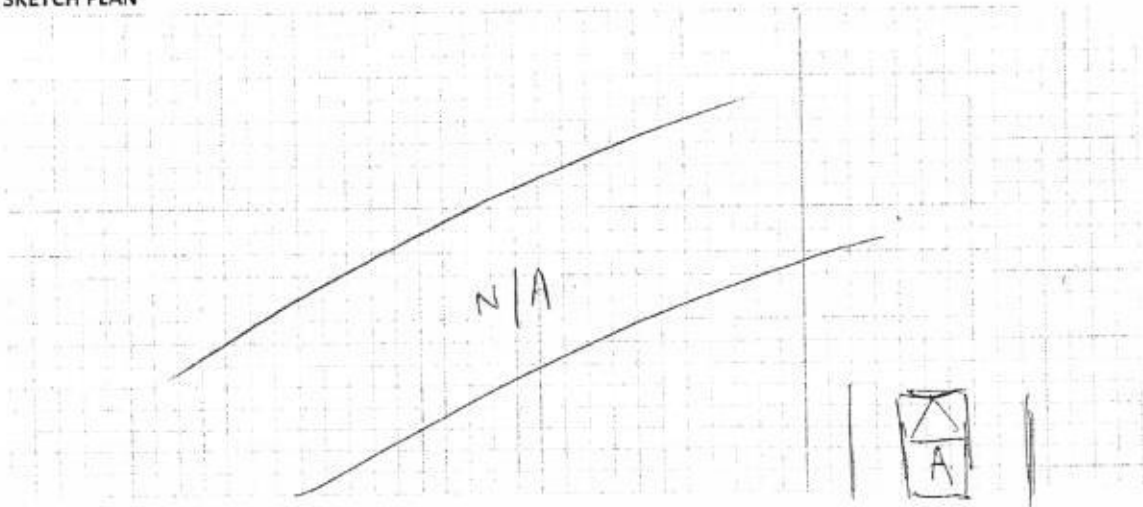
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

PRECISE

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28-07-2019 at about 10:00am I was been informed by my neighbour that my car (8JX 3161D) been collided by a truck so I went down to car park area to check my car and I realized that my car rear portion has changed, my neighbour also did pass to me the notice which was wrote by the truck's driver and put on my car. After that I did contact to the driver whom collided onto rear portion my car and the truck's company boss Mr. Thomas and try to negotiate for private settle however until today they inform me that the repair cost is over their budget and they intend go through by insurance claim. Hence I hereby lodge this report to claim against Vth 13(YP 61442)'s 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:

30/07/19
@ 4:50 pm

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