

Adrian Lte - cpy

MSME19111597 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 24/08/2019 12:46
 SUBMITTED BY: Wen Ying

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 24/08/2019 13:58

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	24/08/2019 12:46
Date Of Accident	21/08/2019 19:30
Exact Location Of Accident	SOUTH CANAL ROAD TOWARDS NEW BRIDGE ROAD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB2392P
Insured/Policyholder	
Name Of Registered Owner	FRANK BRUNN MAINTZ ANDERSEN
NRIC No	S2772381J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98371160
Alternative Phone No	OFFICE-98371160
Vehicle Particulars	
Manufacturer	BMW
Model	X3
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	5102384515
Cover Note Number	
Driver	
Name of Driver	FRANK BRUNN MAINTZ ANDERSEN
NRIC No	S2772381J
Date Of Birth	26/11/1963
Occupation	INDOOR
Date Of Driving Pass	05/10/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98371160
Fax Number	
Contact Number	OFFICE-98371160
EMail Address	NOEMAIL

Address 11 WEST COAST GROVE
 Postcode 127822
 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 SIDE SWIPE
 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?
 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) 2
 Passenger 1
 NAME: : REBECCA ANDERSEN
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name QUEENSTOWN N.P.C
 Police Station Address ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4719999 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT NO.T/20190822/2016.

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 SME9201Y
 Vehicle Make/Model/Colour
 Details Of Properties VEH B
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

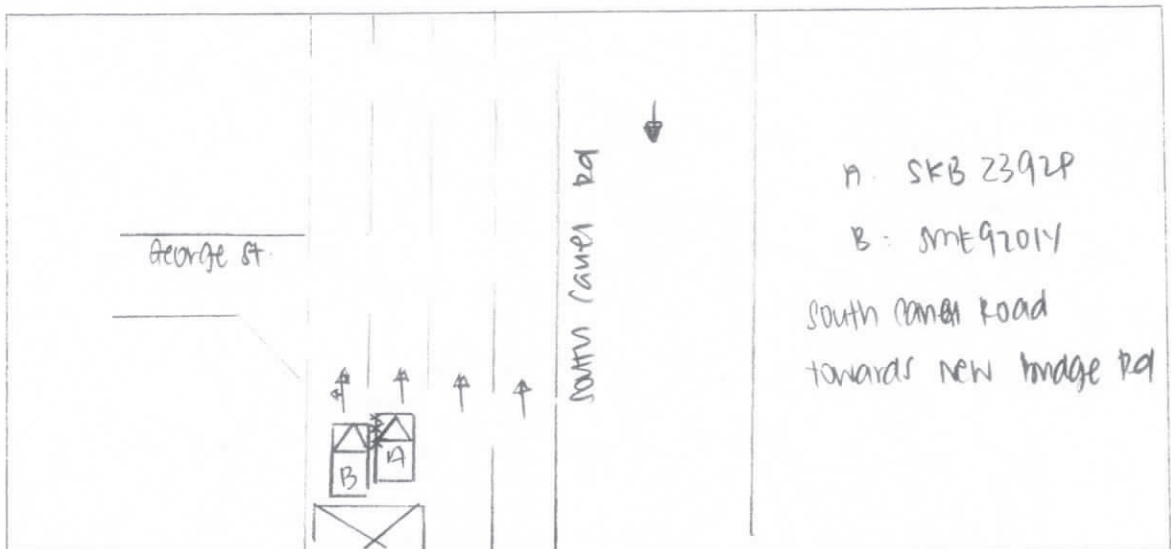
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report no. 7/20190822/2016.

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:

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



SINGAPORE POLICE FORCE



12. 4822/2019

Police Station Of Origin
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No: T/20190822/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 22/08/2019 08:48			Vide Report No.		Station Diary No. 9
Informant Particulars					
Name of Informant: FRANK BRUUN MAINTZ ANDERSEN			Address: 11 WEST COAST GROVE SINGAPORE *27822		
ID Type / ID No.: NRIC NO / S2772381J			Contact No.: Home/Office		Mobile 98371160
Nationality: DANISH			Email:		
Sex: Male	Age: 55	Date of Birth: 26/11/1963	Type of Informant: Driver		
Race: Caucasian			Language:		Institution / School Name:
Occupation: Director			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/08/2019 19:30	Type of Location: Straight Road
Location: Along Road 1 SOUTH CANAL ROAD Along South Canal Road				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
SKB2392P	Car	BMW	X3 XDRIVE28i 3.0 AT ABS 4WD SR HID DSC	Black	Slightly Damaged	1
SME9201Y	Car					1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Queenstown N P C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No: T20190821000000000000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKB2392P	NTUC Income Insurance Co-Operative Limited	5102384515	21/07/2018	10/11/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FRANK BRUUN MAINTZ ANDERSEN	ID No.	S2772381J
Related Vehicle	SKB2392P (Car)	Contact No.	98371160
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/08/2019 at about 1930hrs, I was driving along South Canal Road towards New Bridge Road and was at Lane 2 (Extreme Left). At that point of time, the Traffic was heavy and there was a Red colour Mercedes behind us. The driver squeezed from my left side and subsequently hit onto my left side door area. There were scratches, dent and paint chip off at, near the lower part of my front left door area. The driver is a Male Chinese and had a female passenger with him. He wind down his right side window and started throwing hand gestures at me and blamed me that I am the one who hit onto him. He used aggressive and rude words at me, causing obstruction to other road users as well. No one was injured at that point of time.



POLICE FORCE



Police Station Of Origin
Queenstown N P C
3 Queensway #01-03 SINGAPORE 149073
Tel No 1800-4719999

Report No: 149073/2019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sr Staff Sgt VIGNESWARAN MEENATCHI
SUNDARAM SHANMUGANATHAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No 65476151

SN 50

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

22/08/2019 08:48

Classification Of Case: