

MSME19131969-01 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 05/10/2019 13:05
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	05/10/2019 13:05
Date Of Accident	04/10/2019 16:00
Exact Location Of Accident	PIE TOWARDS JURONG NEAR ANAK BUKIT FLYOVER.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM2585T
Insured/Policyholder	
Name Of Registered Owner	NG CHOON TECK, MELVYN
NRIC No	S9302574A
Email Address	MELVYN.NCT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97577996
Alternative Phone No	OFFICE-97577996

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5110537539
Cover Note Number	

Driver

Name of Driver	NG CHOON TECK, MELVYN
NRIC No	S9302574A
Date Of Birth	21/01/1993
Occupation	INDOOR
Date Of Driving Pass	17/06/2013
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97577996
Fax Number	
Contact Number	OFFICE-97577996
Email Address	MELVYN.NCT@GMAIL.COM

Address	BLK 632 JURONG WEST ST 52 #05-429
Postcode	640532
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	CHAIN COLLISION
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	3
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 04/10/2019 AT ABOUT 4.00PM, WHILST TRAVELLING ALONG PIE TOWARDS JURONG NEAR ANAK BUKIT FLYOVER, THE TRAFFIC WAS SLOW MOVING. VEHICLE IN FRONT OF ME SUDDENLY STOP. SO, I FOLLOWED SUIT. OUT OF SUDDEN, VEHICLE B (SLT6407Z) CAME FROM BEHIND AND HIT ONTO THE REAR PORTION OF MY VEHICLE A FEW SECOND LATER, I FELT ANOTHER IMPACT FROM THE REAR. THEN I ALIGHTED FROM MY VEHICLE AND REALIZE IT WAS A CHAIN COLLISION.

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	SLT6407Z
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH9850M
Vehicle Make/Model/Colour	
Details Of Properties	VEH C
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	91426224
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NG CHOON TECK, MELVYN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMM2585T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident Sketch Plan Pg. 1

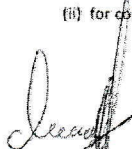
SKETCH PLAN

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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:

05/10/14

11:00AM

GIARM Sketch Plan Form_V3


 Driver's Signature

(If driver is not the policyholder)

Date & Time: 05/10/14

11:00AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Premium Car2

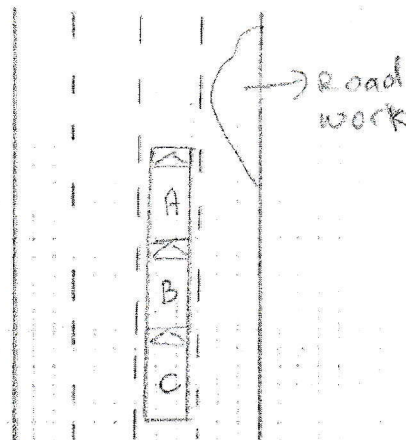
Accident Sketch Plan Pg. 1

SKETCH PLAN

Vehicle A: SMM 2585T

B: SLT 6407Z

C: GBH 9850M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/10/2019 at about 4:00pm, whilst travelling along PIE towards Jurng Near Anak Bukit Flyover, the traffic was slow moving. Vehicle in front of me suddenly stop. So, I followed suit. Out of sudden, vehicle B (SLT 6407Z) came from behind and hit into the rear portion of my vehicle A. Few seconds later, I felt another impact from the rear. Then I alighted from my vehicle and realize it was a chain collision.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 05/10/19

GIANMAC Sketch Platform v1.0

Driver's Signature

(If driver is not the policyholder)

Date & Time: 05/10/19

11:00 AM

Reporting Centre Personnel's Signature

Name:

NRIC/IN No.: