MSME19132862 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 07/10/2019 17:22
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 | 07/10/2019 17:22 |
| Date Of Accident | 05/10/2019 18:00 |
| Exact Location Of Accident | TRAFFIC JUNCTION BETWEEN BAYFRONT AVE & MARINA BLV |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | SGE3113D |
| **Insured/Policyholder** | |
| Name Of Registered Owner | TAN CHENG NAM |
| NRIC No | S0003684F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96983113 |
| Alternative Phone No | OFFICE-96983113 |
| **Vehicle Particulars** | |
| Manufacturer | BMW |
| Model | 328I |
| 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 | ETIQA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | M0008816 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | TAN CHENG NAM |
| NRIC No | S0003684F |
| Date Of Birth | 21/03/1949 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/02/1971 |
| Driving Experience | 48 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96983113 |
| Fax Number | |
| Contact Number | OFFICE-96983113 |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 106 SPOTTISWOODE PARK ROAD |
| Postcode | 080106 |
| 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? | 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) | 2 |
| Passenger 1 | NAME: : LEE CHOR HWA |
| | GENDER: : FEMALE |

**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 05/10/2019 AT ABOUT 1800HRS, I WAS DRIVING MY CAR (SGE3113D) STATIONARY AT THE TRAFFIC JUNCTION OF MARINA BLVD IN THE 4TH LANE FROM THE RIGHT WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN IN MY FAVOUR. MY WIFE WAS THE PASSENGER INSIDE MY CAR. AFTER THE TRAFFIC LIGHT TURNED GREEN IN MY FAVOUR, I SWITCHED ON MY LEFT INDICATOR LIGHT AND PROCEED TO TURN LEFT INTO BAY FRONT AVE. WHILE I TURNING INTO MY LANE AT BAYFRONT AVE, SUDDENLY I FELT AN IMPACT FROM LEFT SIDE. I THEN REALISED THAT VEHICLE B (SJA3193H) CAME FROM THE TRAFFIC JUNCTION OF MARNA BLVD'S 5TH LANE (THE LANE ONLY FOR LEFT TURN) AND THEN COLLIDED ONTO REAR LH PORTION OF MY CAR. BOTH PARTIES AGREED TO GO THROUGH INSURANCE CLAIM. I HEREBY LODGE THIS REPORT TO CLAIM AGAINST VEHILE B'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 | SJA3193H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | VEHICLE 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

### 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. 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

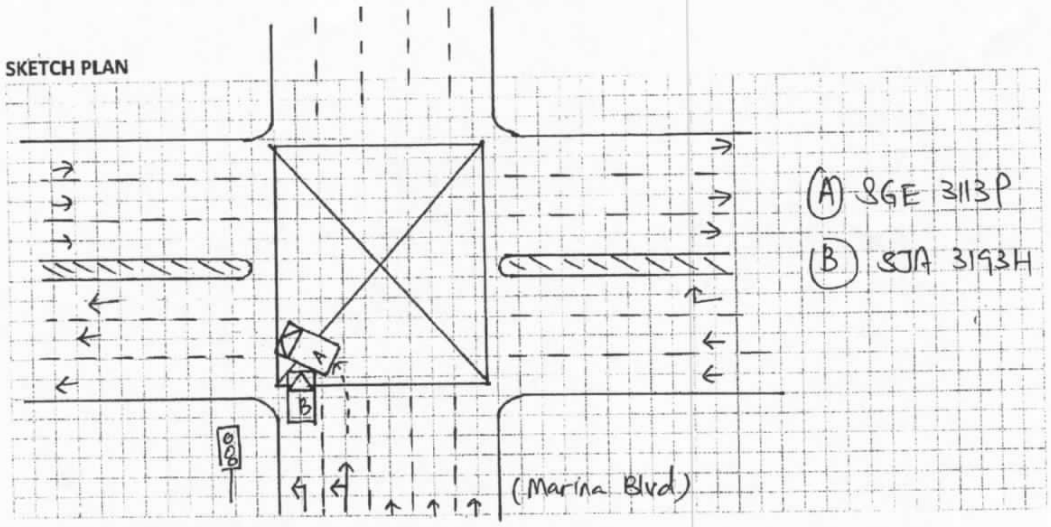
   (ii) for complying with requirements under any regulations, laws or court orders.

| Policyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |
|---|---|---|

PRECISE

Sketch Plan #2 Pg. 1

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05-10-2019@ about 1800 hrs, I was driving ~~ete~~ my car (SGE3113P) stationary at the traffic junction of Marina Blvd in the 4th lane from the right waiting for the traffic light to turn green in my favour. My wife was the passenger inside my car. After the traffic light turned green in my favor then I switched on my left indicator light and proceed to turn left into Bay front Ave. while I turning into my lane at Bay front Ave, Suddenly I felt an impact from left side and then I realized that Veh B (SJA 3193H) came from the traffic junction of Marina Blvd's 5th lane (the lane only for left turn) and then collided onto rear left portion of my car. Both parties are agreed go through by insurance claim. I hereby lodge this report to claim against Veh B's Insurance for my accident damages.

DECLARATION

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

| Policyholder's Signature | Driver's Signature | Reporting Centre Personnel's Signature |
|---|---|---|
| Date & Time: 7 OCT 2019 1535 HRS | (If driver is not the policyholder) Date & Time: 7 OCT 2019 1535 HRS | Name: NRIC/FIN No.: |

**Sketch Plan #3 Pg. 1**

eTiQa Insurance

# INTERVIEW FORM

Name (Driver) : Tan Cheng Nam

Policy No : M0028816

Vehicle No : SG E 3113D.

Place of Accident : Traffic Junction Between. Bay front Ave & Marina Blvd.

Insured Driver's relationship with Insured : Owner.

Drink Driving of Insured and/or Insured Driver : No.

No of passenger(s) in Insured vehicle : +1

Injury to Insured and/or Insured driver, please indicate which hospital:

No.

Third Party Vehicle No (if any) : SJA 3113H.

No of passenger(s) in Third Party Vehicle : +2.

Injury to Third Party driver and/or passenger(s), please indicate which hospital:

No.

Type of collision and the extensiveness of the damages to all vehicles involved:

(T.P) Head to side (OI).

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):

No.

Traffic Police report (enclosed) : Yes / (No)

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

7 Oct 2019

Driver (Name & Signature) TAN CHENG NAM
I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature)

Workshop Name:

Etiqa Insurance Berhad (Company Reg. No. 199700054K)
1 North Bridge Road, #08-01 High Street Centre, Singapore 179094
T: +65 6336 0477 F: +65 6339 2109