

MSME19135434 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 12/10/2019 13:57
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 12/10/2019 13:57
Date Of Accident 12/10/2019 09:15
Exact Location Of Accident BKE TWDS PIE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGS7932G
Insured/Policyholder
Name Of Registered Owner LOW YEW WENG
NRIC No S7434843B
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-91062264
Alternative Phone No OFFICE-91062264

Vehicle Particulars

Manufacturer TOYOTA
Model WISH

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 M0012532
Cover Note Number

Driver

Name of Driver DARIUS LOW YAN SHENG
NRIC No S9920264E
Date Of Birth 25/06/1999
Occupation INDOOR
Date Of Driving Pass 25/01/2018
Driving Experience 1 YEAR AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91708972
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 503A CANBERRA LINK #06-05
 Postcode 751503
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - -
 Vehicle Registration Number of Driver's Own Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 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

I WAS IN AN ACCIDENT WITH A LORRY ALONG LANE 2 OF BKE TWDS PIE ON 12/10/2019 AT ABOUT 0900HRS. WHEN I WAS EXCHANGING PARTICULARS WITH THE LORRY DRIVER, A BIKE BEARING (FBL5402D) CUT INTO MY LANE FROM LANE 1 AND HIT ONTO REAR RIGHT PORTION OF MY VEHICLE. THERE ALSO HAVE A HEAVY ACCIDENT WITH 5 VEHICLES BEHIND ME. AT THE SCENE OF ACCIDENT WITH THE BIKE, THE LORRY DRIVER HAD WITNESS THE ACCIDENT.

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 FBL5402D
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category MOTORCYCLE
 Name of Driver VADIVELOO M KUPPUSAMY
 NRIC/Passport Number F7454475N
 Contact Number 83056169
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

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.

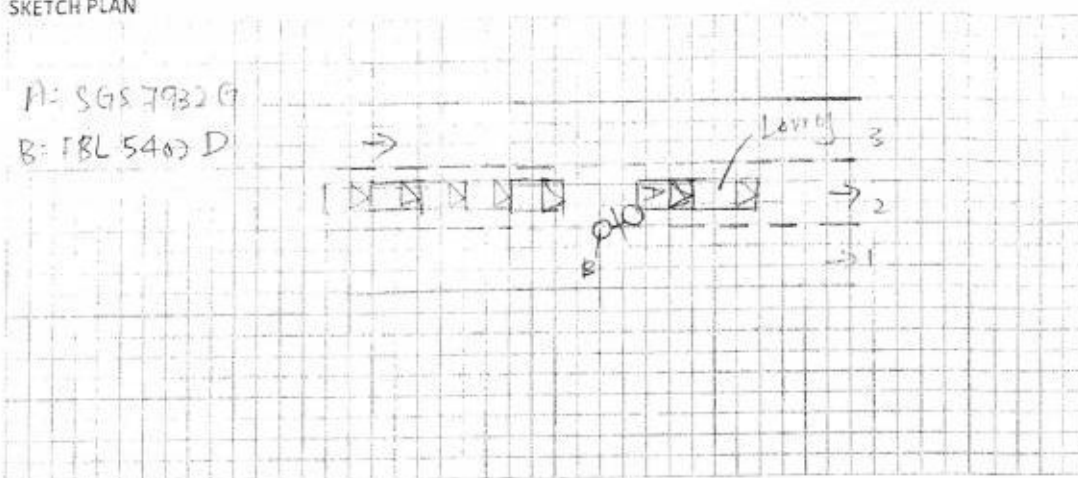
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in an accident with a lorry along Lane 2 of BKE twds PIE

on 12.10.2019 at about 0900 hours. When I was exchange particulars

with the lorry driver, a bike bearing (FBL 5402 D) was cut into my

lane from Lane 1 and hit onto rear right portion of my vehicle.

There also have a heavy accident with 5 vehicles behind me.


As the scene of the accident with the bike, the lorry driver had witness

the accident.

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.:

Sketch Plan #3 Pg. 1

etiqa

Insurance

INTERVIEW FORM

Name (Driver)

Darius Low Yan Shup

Policy No

M0012532

Vehicle No

SGS 7932 G

Place of Accident

Along Lane 2 of BKE towards PIE.

Insured Driver's relationship with Insured:

Son

Drink Driving of Insured and/or Insured Driver:

NIL

No of passenger(s) in Insured vehicle:

NIL

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

NIL

Third Party Vehicle No (if any):

FBL 5402D

No of passenger(s) in Third Party Vehicle:

NIL

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

NR

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:

head to Rev

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

N 98982610 Ponnusamy Venu
(Lorry Driver) in front

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)

Driver (Name & Signature) / Date

I, affirmed the above information is given to
my best knowledge

Attended by (Name & Signature) / Date

Workshop Name:

Insurance Pte Ltd
Knights Quay
01 North Tower
Singapore 068583

03300677
03397100

01 400 15
1-800-88-8888

Member of Maybank Group

Sketch Plan #4 Pg. 1

LETTER OF UNDERTAKING

I/We, Low Yew Weng, the owner of vehicle no. SGS7932G

My/Our Insurance is under M/s Etiqa Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s Etiqa Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, Hua meng Spray Painting workshop

Signed and Acknowledge by:



.....
Nric no. & signature of policyholder

.....
Company stamp

12/10/2019
.....
Date