

MSME19140900 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 23/10/2019 17:54  
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	23/10/2019 17:54
Date Of Accident	23/10/2019 07:15
Exact Location Of Accident	CANTONMENT RD EXIT TO NEIL RD
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SLH3505G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM TONG TECK
NRIC No	S7025696G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	

**Vehicle Particulars**

Manufacturer	NISSAN
Model	NOTE
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0002381
Cover Note Number	

**Driver**

Name of Driver	LIM TONG TECK
NRIC No	S7025696G
Date Of Birth	25/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	25/03/1988
Driving Experience	31 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

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 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? 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) 2

Passenger 1 NAME: : JOY  
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 23/10/2019 AT ABOUT 7.16AM, I WAS DRIVING MY CAR (SLH3505G) ALONG CANTONMENT ROAD WITH A PASSENGER INSIDE MY CAR. UPON REACHING THE JUNCTION OF SLIP ROAD EXIT TO NEIL ROAD, I SLOWED DOWN AND STOP TO GIVE WAY TO THE ONCOMING TRAFFIC FROM MAIN ROAD. SUDDENLY, I FELT AN IMPACT FROM BEHIND. THEN, I REALISED THAT (SLP1999K) DID NOT STOP IN TIME AND THEN COLLIDED ONTO REAR PORTION OF MY CAR. BOTH PARTIES EXCHANGE PARTICULARS AFTER ACCIDENT. MY CAR HAS INSTALLED CAR CAMERA RECORDER AND I WILLING TO PROVIDE MY ACCIDENT VIDEO FOOTAGE FOR MY ACCIDENT CLAIM PURPOSE. AFTER THIS ACCIDENT, I DID FELT PAIN ON MY BODY. SO, I WILL GO TO SEE DOCTOR AFTER THIS AND I WILL CHECK WITH MY PASSENGER ALSO. I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SLP1999K)'S INSURANCE FOR MY ACCIDENT DAMAGES.

**Attachment(s)**

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLP1999K

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category PRIVATE CAR

Name of Driver XUE FEN

NRIC/Passport Number

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LIM TONG TECK  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLH3505G  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode



## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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.

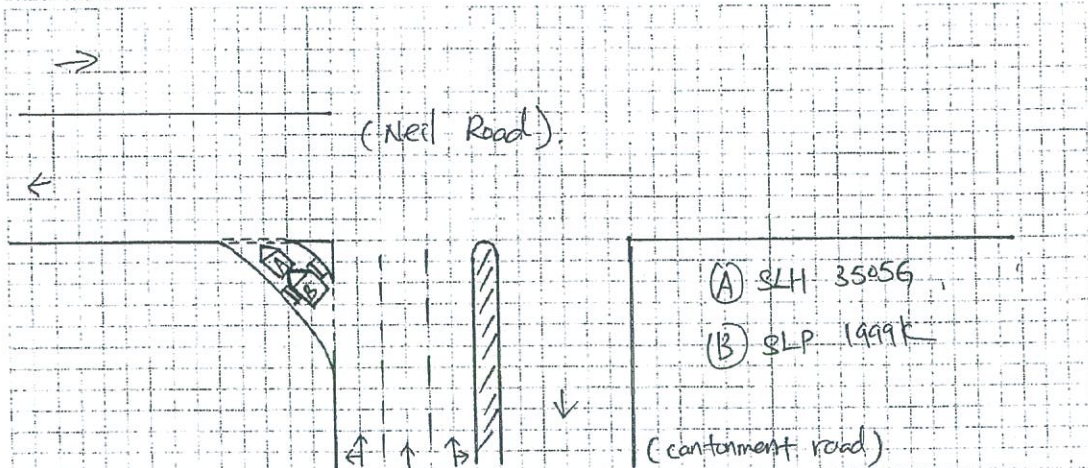
Policyholder's Signature  
Date & Time:

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

On 23-10-2019 at about 07:16am, I was driving my car (SLH 3505G) along Cantonment Road with a passenger inside my car. Upon reaching the junction of slip road exit to Neil Road. I slow down & stop to give way to the oncoming traffic from main road. Suddenly I felt an impact from behind then I realized that SLP 1999K did not stop in time and then collided onto rear portion of my car. Both parties exchange particulars after accident. My car has installed car camera recorder and I willing to provide my accident video footage for my accident claim purpose. After this accident I did felt pain in my body so I will go to see doctor after this and I will check with my passenger also. I hereto lodge this report to claim against Veh B (SLP 1999K) '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:

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