MSME19145594 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 04/11/2019 12:04 SUBMITTED BY: Chia Pei Ying

SINGAPORE ACCIDENT STATEMENT

Adrian LERC ALG-MPC

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 witholding 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.

Charles Carles Delay Broken	ACCIDENT STATEMENT	THE RESERVE
Date Of Report	04/11/2019 12:04	
Date Of Accident	03/11/2019 10:40	
Exact Location Of Accident	CTE TWDS ANG MO KIO NORTH FLYOVER	
Country/State of Loss	SINGAPORE	
THE RESERVE TO SERVE THE	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD1218H	

Vehicle Registration Number	SMD1218H	
Insured/Policyholder		
Name Of Registered Owner	CHEN JUNJIE	

NRIC No S9005329I
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-97330490
Alternative Phone No OFFICE-97330490

Vehicle Particulars

Manufacturer HONDA Model CITY

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?

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 5104535323-01

Cover Note Number

Driver

 Name of Driver
 CHEN JUNJIE

 NRIC No
 \$9005329I

 Date Of Birth
 18/02/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 30/04/2018

Driving Experience 1 YEAR AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97330490

Fax Number

Contact Number OFFICE-97330490

EMail Address NOEMAIL

BLK 407 SERANGOON AVE 1 #05-89 Address

Postcode 550407

Was driver an employee of the Insured's Company

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 4

Passenger 1

NAME:

: TAN SEE THENG

GENDER:

: FEMALE

Passenger 2

NAME:

: CHEN YUXUAN ATLAS

GENDER:

: MALE

Passenger 3

NAME:

: KEN CHIN LIANG KOON

GENDER:

: MALE

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 DRIVING STAIGHT ALONG CTE TOWARDS ANG MO KIO NORTH FLYOVER AT SECOND LANE OF 4 LANES. HEAVY TRAFFIC, ALL VEHICLES IN FRONT OF ME SLOWED DOWN, I FOLLOWED SUIT. SUDDENLY, I FELT AN IMPACT. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES. I ALIGHTED AND REALISED THERE WERE TOTAL 3 VEHICLES GOT INVOLVED.

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 SKF685L

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

PRIVATE CAR

Name of Driver

Page 2 of 15

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

SLR3061S

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE C

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 INJURED PERSON 1

Name CHEN JUN JIE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMD1218H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name CHE YUXUAN ATLAS

Approximate Age Injuries Sustain

Injured person in which vehicle?

SMD1218H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 3

Name TAN SEE THENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMD1218H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 4

Name

KEN CHIN LIANG KOON

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMD1218H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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)
 - 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:
 - 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

NRIC/FIN No.

annay organization of

MEN HOOK TECK

SKETCH PLAN A: SMD12184 B-CKF6SEL C: SLR 30615 CTI Towards Any Mo Kin NoAh flyoury DESCRIBE CIRCUMSTANCES OF THE ACCIDENT towards Ang Mb kno along (18 North flyould at Jug ane lanes. Heavy traffic, all rehides in front of Me slowed Impuct. Veh co lided onto rear possion of Mide My caused damages. alighted there was total 3 yellides get involved. tegrisod DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholde Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN No.: