

MSME19149821 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 12/11/2019 16:40
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	12/11/2019 16:40
Date Of Accident	11/11/2019 13:40
Exact Location Of Accident	ALONG JURONG WEST ST 72 (OUTSIDE WEST GROVE PRIMAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2823X
Insured/Policyholder	
Name Of Registered Owner	LEE FU SIN
Email Address	NOEMAIL

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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0001796
Cover Note Number	

Driver

Name of Driver	NG LAY CHOO
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Occupation	INDOOR
Date Of Driving Pass	10/02/1998
Driving Experience	21 YEARS AND 9 MONTHS
Gender	FEMALE

Fax Number	
Contact Number	
EMail Address	NOEMAIL



Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 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) 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 11/11/2019 AT ABOUT 1338HRS, I WAS DRIVING MY CAR (SLC2823X) STATIONARY IN FRONT OF THE GATE AT WEST GROVE PRIMARY SCHOOL TO PICK UP MY CHILDREN. AFTER A WHILE, I SAW A VEHICLE WHOM PARKED AT THE SCHOOL GATE ON THE LEFT SIDE INTEND TO DO A REVERSE (WITH REVERSE LIGHT ON). SO I IMMEDIATELY HORN TO ALERT THE VEHICLE DRIVER. HOWEVER, THE VEHICLE B DRIVER IGNORE MY HORN SOUND AND THEN KEPT REVERSING AND THEN HIT ONTO REAR LEFT PORTION OF MY CAR. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SGX2175G)'S INSURANCE FOR MY ACCIDENT DAMAGES. MY CAR HAS INSTALLED CAR CAMERA RECORDER AND I WILLING TO PROVIDE MY ACCIDENT VIDEO FOOTAGE FOR MY ACCIDENT CLAIM PURPOSE.

Attachment(s)

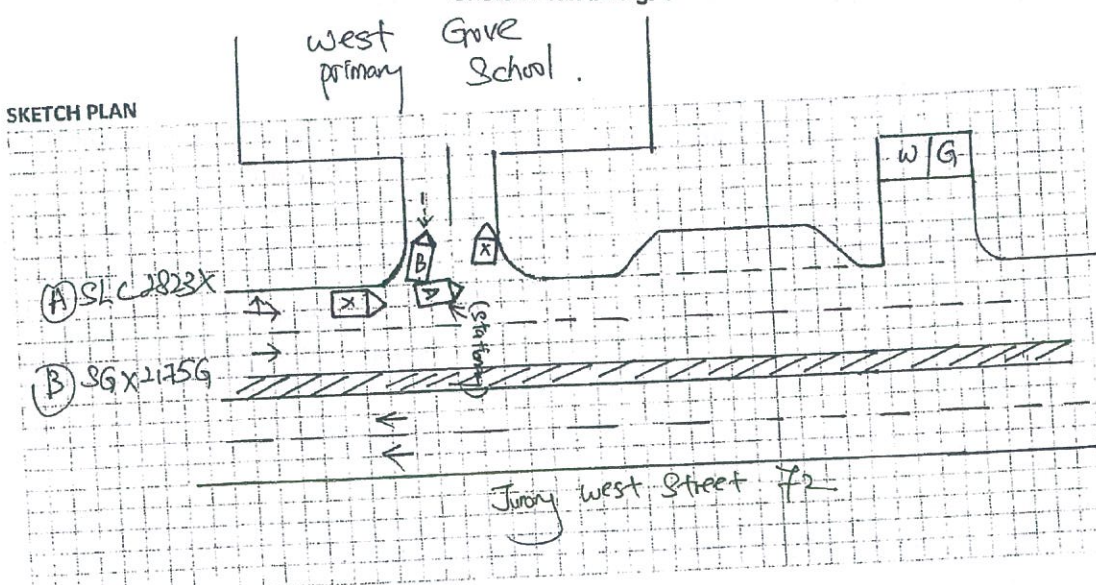
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGX2175G
 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

Sketch Plan #2 Pg. 1

SKETCH PLAN

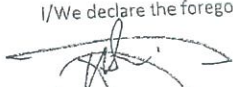



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/11/2019 @ about ~~1330hrs~~ 1338hrs, I was driving my car (SLX 2823X) stationary in front of the gate at West Grove Primary School to pickup my children. After a while, I saw a vehicle whom parked at the school gate on my left side intend to do reverse (with reverse light on), so I immediately honking to the vehicle driver, however the vehicle B's driver ignore my horn sound and then keep reversing and then hit on to rear left portion of my car. Hence, I hereto lodge this report to claim against veh B (SGX 2175G)'s insurance for my accident damages. My car has installed car camera recorder and I willly to provide my accident video footage for my accident claim purpose.

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.:

