CUVVIVUD

14/11 ZU19 INU 11: ZO FHA

MSME191501322 SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 13/11/2019 13:29 SUBMITTED BY: Chia Pei Ying

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

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 STATEMEN	сы

13/11/2019 13:29 Date Of Report

13/11/2019 08:40 Date Of Accident

BUKIT BATOK EAST AVE 6 Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKF6802B

Insured/Policyholder

Name Of Registered Owner SIM BENG HUAT

S0137863E NRIC No. Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-90118456 OFFICE-90118456 Alternative Phone No

Vehicle Particulars

Manufacturer NISSAN ALMERA Model

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

5100718531-01 Policy Number

Cover Note Number

Driver

LEE TIONG EE Name of Driver NRIC No S0040374A Date Of Birth 12/09/1952 INDOOR Occupation 13/02/1985 Date Of Driving Pass

34 YEARS AND 9 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-93395580 Mobile Number

Fax Number

Contact Number

EMail Address NOFMAIL Address ₹

BLK 1 DOVER ROAD #12-322

Postcode

130001

111

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

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)

3

involved in the accident

YES

Was any body injured in the Accident?
Was any injured conveyed to hospital by

was any injured conveyed to nospital ambulance? NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

12200

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 TRAVELLING ALONG BUKIT BATOK EAST AVE 6. VEHICLE C IN FRONT OF ME SLOWED DOWN AND STOPPED, I ALSO SLOWED DOWN AND CAME TO A STOP, SUDDENLY, I FELT AN IMPACT. VEHICLE B HIT ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES. THE STRONG IMPACT CAUSED MY VEHICLE TO SURGE FORWARD AND HIT ONTO THE REAR OF VEHICLE C. I ALIGHTED AND REALISED THERE WAS A TOTAL OF 3 VEHICLES 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

GBB7121D

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

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

SLA6552L

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

LEE TIONG EE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKF6802B

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 aforesald.
- 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:
 - 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.
- (a) 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:

13.11.2019/ 10.55am Driver's Signature (If driver is not the policyholder)

Date & Time:

13.11.19/10.55 am

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

+	,
	PONCH BATOL FAH AVE 6 A: SKEGOZB B: GBB71210 C: 111015521
3	C: SLA6552L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 1	u travelling along built batak tat are b. It confiding of me gowed down and dopped, I also
MN	le c infloit of me gowed down and stopped, I also
vol2	ed and come to a stop.
Snd	enly, I felt an impact. Which B not on the near
VOV	on at my reliable and courted damages.
The	strong milact caused my remove to make toward and
hrt	strong impact caused my renicle to mage townard and into the rear of vehicle c.
1	inanted and realised there was a total of 3 renicles
100	wed.
IAN	nea.
_	

DECLARATION

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

ABH (Sim Beng Huct)
Policyholder's Signature
Date & Time:
13.11. 2019
10.55am.

Du 4 E

Oriver's Signature (If driver is not the policyholder) Date & Time:

12.11.19/10.55 am

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: