MSME19152514 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 18/11/2019 17:52 SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 19/11/2019 13:19

### 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 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

	ACCIDENT STATEMENT
Date Of Report	18/11/2019 17:52
Date Of Accident	16/11/2019 02:40
Exact Location Of Accident	BLK 162B RIVERVALE CRESCENT CARPARK (MSCP)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMF2787P
Insured/Policyholder	
Name Of Desistant d Owner	LEE MINISTERNA

Name Of Registered Owner LEE MUN KEONG

NRIC No S8574083J Email Address **NOEMAIL** 

Mobile Phone No (LOCAL) +65-97214171 Alternative Phone No OFFICE-97214171

Vehicle Particulars

Manufacturer **HONDA** Model FIT

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy NO 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 AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

NO Fleet Policy

Policy Number 1900160415

Cover Note Number

Driver

Name of Driver LEE MUN KEONG

NRIC No S8574083J Date Of Birth 12/03/1985 Occupation **INDOOR** Date Of Driving Pass 25/10/2008

Driving Experience 11 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97214171

Fax Number

Contact Number OFFICE-97214171

EMail Address **NOEMAIL**  Address BLK 162B RIVERVALE CRESCENT #11-220

Postcode 542162

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

NO

1

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?

Was any injured conveyed to hospital by

ambulance?

ny other material or property damaged? YES

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)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

# Circumstances of Accident

MY VEHICLE WAS PARKED STATIONARY ON THE 4TH STOREY OF BLK 162B RIVERVALE CRESCENT MSCP. WHEN I RETRIEVED MY VEHICLE ON 16/11/2019 AT ABOUT 6PM, I REALISED THAT MY VEHICLE'S FRONT LEFT PORTION WAS DAMAGED. I THEN FOUND AN ADMIT NOTE ON THE WINDSCREEN WRITTEN BY VEHICLE B DRIVER JACSON, 93256089. I THEN RETRIEVED MY IN CAR DASH CAM AND REALISED HE REVERSED HIS VEHICLE AND HIT ONTO THE FRONT LEFT PORTION AND CAUSED DAMAGES. I AM REPORTING FOR THIS ACCIDENT CLAIM PURPOSES.

# Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBD8068H

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)

## Sketch Plan Pg. 1

#### SKETCH PLAN

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- 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 aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

lyh

Policyholder's Signature Date & Time: W

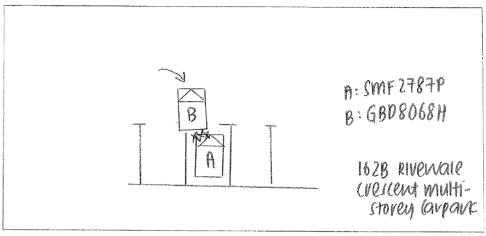
Oriver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Complete State of the State of

MEN HOCK TECK

# Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Mall vollaiclours a souther the same and a little the same
of BIK 162B RIVERVALE CRESCENT MUHI-STOREY
Of BIK 16215 RAVENVOILE CRESCENCE MILLEY-STOVEY
Carpavc.
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When I retrieved my remide on 16/11/2019 at about 6:00 pm, I realised that my vehicle's front left portion was damaged.
about 6:00 pm, I realised that my
Vehicle's front left portion was damaged.
I then found an admit note on the windsween Written by venicle "B" driver Jaccon (93256089)
Wilten by venicle "B" driver Jacon (9225,1089)
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I then retrieved my In-lar dankam and realised he reversed his remicel and but onto the front left portion and caused danages.
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1871 PURION UNION COUNTED DIAMAGES.
I am reporting this for auident dains purposes.
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7.1
<i>t</i> √ <i>l</i> ,

DECLARATION

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



Policyholder's Signature Date & Time: W

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

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