Z//IZ ZUID EKI IU: ID EMA

Adrian LLE- QBE

MSME 19170081 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 27/12/2019 10:07 SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 27/12/2019 10:21

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 aforesaid.

ACCIDENT STATEMENT	THE RESERVE OF STREET, SQUARE, SALES
27/12/2019 10:07	
24/12/2019 18:20	

Date Of Accident Exact Location Of Accident TAMPINES AVE 10

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

SMM575K Vehicle Registration Number

Insured/Policyholder

Date Of Report

Name Of Registered Owner TAN LAY CHOON

NRIC No SXXXX179B

Email Address NOEMAIL

(LOCAL) +65-92718098 Mobile Phone No. Alternative Phone No OFFICE-92718098

Vehicle Particulars

Manufacturer HYUNDAI Model **AVANTE**

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?

THIRD PARTY

If No, Please state action to be taken

PRIVATE CAR

Insurance Company

Vehicle Category

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number P2298873

Cover Note Number

Driver

Name of Driver GOH TENG HOCK

NRIC No SXXXX178F Date Of Birth 25/03/1958 Occupation OUTDOOR Date Of Driving Pass 17/07/1978

41 YEARS AND 5 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-82618909

Fax Number

Contact Number

EMail Address NOEMAIL

Page 1 of 17

Address

4//14 4U13 TU1 TU. 12

BLK 202A PUNGGOL FIELD #14-230

Postcode

821202

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

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)

2

involved in the accident

NO

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

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: TAN LAY CHOON

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

I WAS TRAVELLING STRAIGHT ALONG TAMPINES AVENUE 10. VEHICLE IN FRONT OF ME SLOWED DOWN. I FOLLOWED SUIT AND SLOWED. SUDDENLY, I FELT AN IMPACT. VEHICLE B HIT ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES. WHEN I ALIGHTED TO ASSIST DRIVER B, THE BIKE HAS FALLEN ON THE GROUND. SHORTLY AFTER, AMBULANCE AND POLICE CAME TO THE SCENE. DRIVER B SAID TO COMPENSATE. HOWEVER, I DID NOT RECEIVE HIS CALL SINCE. THUS, I AM REPORTING TO THE INSURANCE FOR CLAIMING PURPOSE.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

FBK4699B

Details Of Properties

VEHICLE B

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

87881230

Address

Postcode

Z//1Z ZU17 FR1 1V:17 FAA

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary (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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection,
- (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:

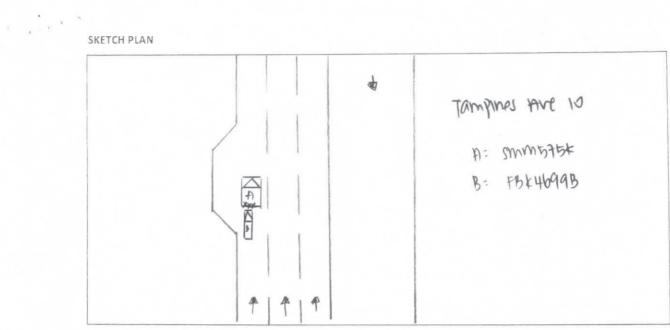
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS travelling swaight along tampines are 10.
I Was travelling straight along tampines are 10. Whicle in fourt of me slowed down, I followed onthe and slowed.
anadeniy, I feet an impact. Vehicle is not who the vear portion on my renicle and caused damages.
on my renicle and coused damposes-
the ground. Shoutly after, amoniance and police came to the
the ground. Shoutly after, amoniance and police came to the
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briver & said to congeniate. However, I did not receive his
call since thus, I am reporting to the insurance for my
CLAIMING YNYOJE.
DECLAPATION.

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.:

A Singapore Government Agency Website

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

Vehicle Details

Vehicle No.:

SMM575K

Vehicle to be Exported:

No

179B

Intended Deregistration Date:

26 Dec 2019 HYUNDAI

Vehicle Make: Vehicle Model:

AD AVANTE 1.6 GLS (A) S

Primary Colour:

Silver

Manufacturing Year:

2019

Engine No.:

G4FGKU143292

Chassis No.:

KMHD841CMKU907518

Maximum Power Output:

93.8 kW (125 bhp)

Open Market Value:

\$14,802.00

Original Registration Date:

15 Jun 2019

First Registration Date:

15 Jun 2019

Transfer Count:

0

Actual ARF Paid:

\$14,802.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

14 Jun 2029

PARF Rebate Amount:

\$11,101.00

Intended COE Rebate Details

COE Expiry Date:

14 Jun 2029

COE Category:

A - Car up to 1600cc & 97kW

(130bhp)

COE Period(Years):

10

QP Paid:

\$30,009.00 \$28,415.00

COE Rebate Amount: Total Rebate Amount:

\$39,516.00

The information contained herein is correct as at 26 Dec 2019

OK