MSME20022313 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 19/02/2020 12:40 SUBMITTED BY: Chia Pei Ying

Adrian LKIC EQ

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.

| CONTRACTOR OF THE PARTY | ACCIDENT STATEMENT | | |
|--|------------------------|------------|--|
| Date Of Report | 19/02/2020 12:40 | | |
| Date Of Accident | 18/02/2020 11:45 | | |
| Exact Location Of Accident | CARPARK 3020 UBI AVE 2 | | |
| Country/State of Loss | SINGAPORE | | |
| THE RESERVE OF THE PARTY OF THE | DETAILS OF OWN VEHICLE | h Kinaka I | |

| DETAI | LS OF | OWN | VEHICLE | |
|-------|-------|-----|---------|--|
| | | | | |

Vehicle Registration Number

SJQ1197B

Insured/Policyholder

Name Of Registered Owner

CHAIMENG EXPRESS PTE LTD

Co Reg No

2XXXXXX020R

Email Address

NOEMAIL

Mobile Phone No

Alternative Phone No

OFFICE-90069555

Vehicle Particulars

Manufacturer

TOYOTA

Model

CHR

Exact Purpose for which vehicle was being used at

Are you claiming under your own insurance policy

time of accident

NIO

for repair to your vehicle?

Name of Insurance Company

THIRD PARTY

If No, Please state action to be taken

PRIVATE CAR

Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5105535345-01

Cover Note Number

Driver

Name of Driver

LIM CHAI MENG

NRIC No

SXXXX430G

Date Of Birth

02/02/1965

Occupation

OUTDOOR

Date Of Driving Pass

19/03/1998

Driving Experience

21 YEARS AND 10 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-90069555

Fax Number

Contact Number

NOEMAIL

EMail Address

Page 1 of 16

Address

BLK 43 CHAI CHEE STREET #10-70

Postcode

461043

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

NO

ambulance?

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

I WAS DRIVING STRAIGHT ALONG THE CARPARK OF 3020 UBI AVE 2. SUDDENLY, I FELT AN IMPACT ON MY RIGHT PORTION. AFTER THE ACCIDENT, I ALIGHT AND NOTICE VEHICLE B HAD HIT ONTO MY VEHICLE AND CAUSED DAMAGES. THE VEHICLE B DID NOT CHECK FOR TRAFFIC BEFORE PROCEEDING TO PARK.

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

GBF3508C

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

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 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 ("GłA") 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 complie 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

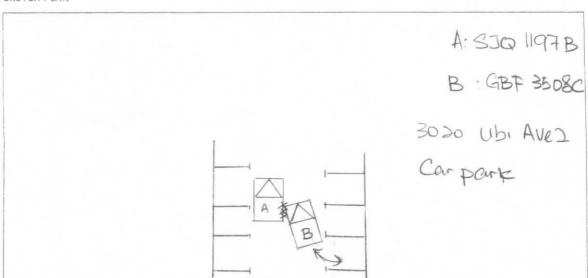
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

90204020R

Oriver's Signature (If driver is not the policyholder)

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| I was driving straight along the car parts of 3000 Ubi Aves |
|--|
| Suddenly, I felt an impact on my right portion. |
| After: the accident, I alight and notice vehicle B had hit on my vehicle and cause damage. |
| The vehicle B did not Check for traffic before proceed to park. |
| |
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| |

DECLARATION

We declare the longoing particulars are true in every respect.

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

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company 020R

Owner ID:

Vehicle Details

Vehicle No.:

SJQ1197B

Vehicle to be Exported:

Intended Deregistration Date:

18 Feb 2020

Vehicle Make:

TOYOTA

Vehicle Model:

C-HR HYBRID 1.8 ICON CVT

Primary Colour:

Grey

Manufacturing Year: Engine No.:

2016

Chassis No.:

2ZRV446688 NMTKZ3BX80R022396

Maximum Power Output:

90.0 kW (120 bhp)

Open Market Value:

\$35,325.00

Original Registration Date:

19 Nov 2018

First Registration Date:

19 Nov 2018

Transfer Count:

Actual ARF Paid:

\$31,455.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

18 Nov 2028

PARF Rebate Amount:

\$23,591.00

Intended COE Rebate Details

COE Expiry Date:

18 Nov 2028

COE Category:

B - Car above 1600cc or 97kW

(130bhp)

COE Period(Years):

10

QP Paid:

\$32,302.00

COE Rebate Amount:

\$28,264.00

Total Rebate Amount:

\$51,855.00

The information contained herein is correct as at 18 Feb 2020

OK