

MSME20036851 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 26/03/2020 12:51
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 26/03/2020 12:51
Date Of Accident 25/03/2020 11:45
Exact Location Of Accident UPP CHANGI RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF8537K
Insured/Policyholder
Name Of Registered Owner FORWARD ENGINEERING
Co Reg No 5XXXX801E
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-63685125

Vehicle Particulars

Manufacturer TOYOTA
Model DYNA
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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5089316535-02
Cover Note Number

Driver

Name of Driver WEE SIANG KIAT
NRIC No SXXXX761G
Date Of Birth 17/02/1983
Occupation OUTDOOR
Date Of Driving Pass 28/10/2008
Driving Experience 11 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98946069
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 403 YISHUN AVE 6 #11-1226
 Postcode 760403
 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 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) 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 25/03/2020 AT ABOUT 11.43AM, I WAS DRIVING ALONG UPPER CHANGI ROAD ON THE MOST OUTER LEFT LANE. TRAFFIC LIGHT WAS GREEN IN MY FAVOUR. CAR B WHICH WAS FROM THE OPPOSITE DIRECTION SUDDENLY MADE A RIGHT TURN AND I COULD NOT STOP IN TIME AND COLLIDED ONTO VEHICLE B. I DID HONKED AT THE DRIVER BEFORE THE COLLISION.

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 SGV3369T
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver ONG TEI YUH SERENE
 NRIC/Passport Number SXXXX709J
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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7. 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)

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:
 - (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.

远景建筑工程
FORWARD ENGINEERING & CONSTRUCTION
Blk 9 Marsiling Ind Estate Road 3
01-29 Singapore 739253
Tel: 6368 5125 Fax: 6368 7553

Policyholder's Signature

Date & Time: 26/3/20, 11am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 26/3/20, 11am

Reporting Centre Personnel's Signature

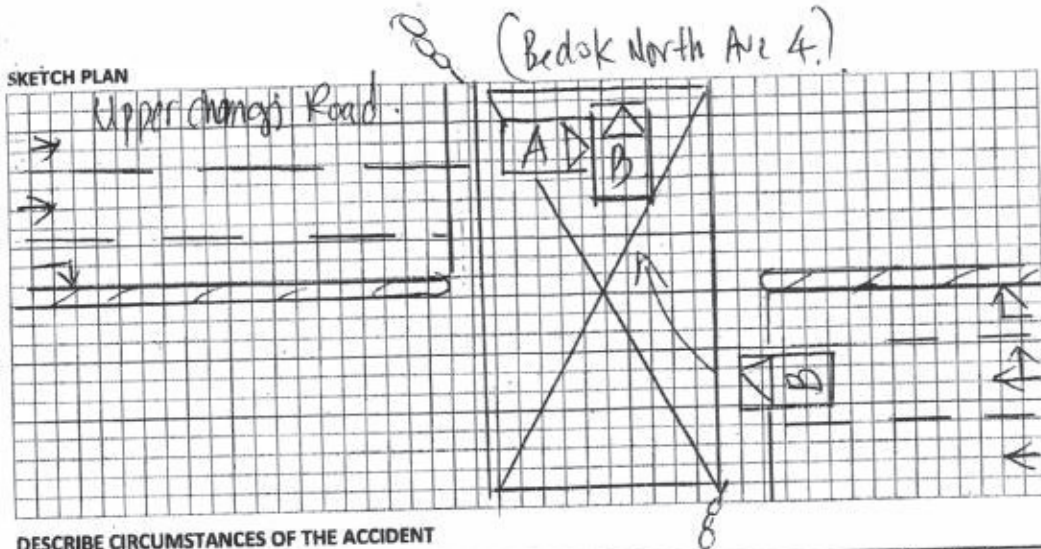
Name:

NRIC/FIN No.:

GIARM Sketch Plan Pg. 1

BLUWBL

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/3/2020 at about 11:43am, I was driving
 along Upper Changi Road on the ^{most outer} left lane. Traffic light
 was green, Car B which was from the opposite direction
 suddenly ~~turned~~ made a right turn and I could not stop
 in time and collided ~~over~~ into Car B. I did honked at the
 driver before the collision.

DECLARATION

We declare the foregoing particulars are true in every respect.

FORWARD ENGINEERING & CONSTRUCTION

Blk 9 Marsiling Ind Estate Road 3

01-29 Singapore 39253

Tel: 6368 5125 Fax: 6368 7553

Policyholder's Signature

Date & Time: 26/3/20, 11am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 26/3/20, 11am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: