

MSME20044149 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 29/04/2020 13:48
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	29/04/2020 13:48
Date Of Accident	28/04/2020 18:45
Exact Location Of Accident	BLK 406 BEDOK NORTH AVE 3 CAR PARK AREA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF7686P
Insured/Policyholder	
Name Of Registered Owner	SUNG KENG HUI
NRIC No	SXXXX147E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98786626
Alternative Phone No	OFFICE-98786626

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA

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 PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0005829
Cover Note Number	

Driver

Name of Driver	SUNG KENG HUI
NRIC No	SXXXX147E
Date Of Birth	12/08/1976
Occupation	INDOOR
Date Of Driving Pass	27/01/1995
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98786626
Fax Number	
Contact Number	OFFICE-98786626
Email Address	NOEMAIL

Address	BLK 320 HOUGANG AVE 5 #11-16
Postcode	530320
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	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 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 SAID DATE AND TIME OF THE ACCIDENT, MY CAR WAS STATIONARY ALONG THE CARPARK AREAS OF BLK 406 BEDOK NORTH AVE 3 WITH HAZARD LIGHT ON. I THROW RUBBISH INTO DUSTBIN AND GET INTO MY CAR. SUDDENLY, I FELT AN IMPACT WITH A LOUD BANG SOUND FROM BEHIND. WHEN I CAME OUT TO INSPECT AND I REALISED THAT VEHICLE B (SLR1835P) MAKING REVERSE WITHOUT CHECKING HIS TRAFFIC STATUS ON BEHIND AND THEN COLLIDED ONTO REAR LEFT PORTION OF MY CAR. AFTER BOTH PARTIES NEGOTIATE AT MY PREFERRED WORKSHOP, DUE TO THE THIRD PARTY BUDGET ON MY CAR'S DAMAGES REPAIR, WE DECIDED TO SETTLE BY INSURANCE CLAIM. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B'S INSURANCE FOR MY ACCIDENT DAMAGES.

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	SLR1835P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN KOK JUN
NRIC/Passport Number	
Contact Number	98560177
Address	
Postcode	
Insurance Company Name	

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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) 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.


 Policyholder's Signature
 Date & Time:

29/04/2020
 11:35am


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

29/04/2020
 11:35am

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

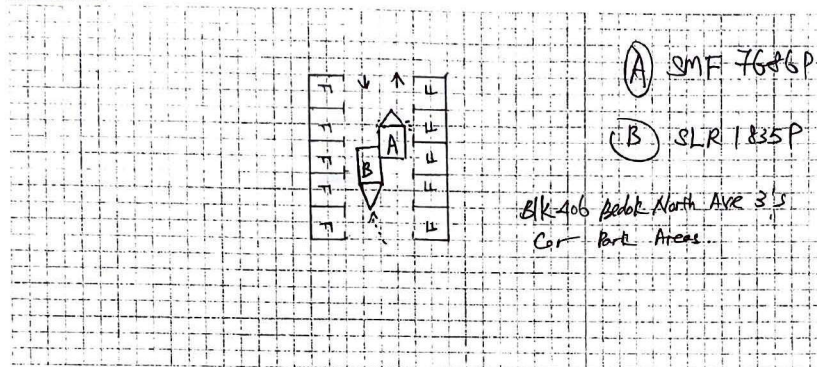
PRECISE

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On said date & time of the accident, my car was stationary along the car park area of Blk 406 Bedok North Ave 3 ^{with hazard light on.} After i throw rubbish into dust bin and get into my car. Suddenly i felt an impact with a loud bang sound from behind. When i came out to inspect & i realized that Veh B (SLR 1835P) making reverse without check his traffic status on behind and then collided onto rear left portion of my car. After both parties negotiate at my preferred workshop, due to the third party budget on my car damages repair, we are decided to settle by insurance claim. Hence, I hereby lodge this report to claim against Veh B's Insurance for my accident damages.

DECLARATION

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

Policyholder's Signature

Date & Time: 29/04/2020
1135am

Driver's Signature

(If driver is not the policyholder)
Date & Time: 29/04/2020
11:38am

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.: