

MSME15039969 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 08/04/2015 14:33

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 ability
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 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	08/04/2015 14:33
Date Of Accident	07/04/2015 19:25
Exact Location Of Accident	ALONG SCOTTS ROAD (NEAR FAR EAST PLAZA).
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ST9743A
Insured/Policyholder	
Name Of Registered Owner	HO AH CHOO
NRIC No	S1049707H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90305458
Alternative Phone No	Office-90305458

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	1300
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	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	5051340512-03
Cover Note Number	

Driver

Name of Driver	HO AH CHOO
NRIC No	S1049707H
Date Of Birth	07/04/1949
Occupation	Indoor
Date Of Driving Pass	26/01/1971
Driving Experience	44 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-90305458
Fax Number	
Contact Number	Office-90305458
EMail Address	NOEMAIL

Address 163 JALAN LOYANG BESAR #04-05
 Postcode 509413
 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 Collision- Head to Side
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? No
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? 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 THE SAID DATE & TIME OF THE ACCIDENT, I WAS TRAVELLING ALONG SCOTT ROAD IN THE 2ND LANE FROM LEFT SIDE. SUDDENLY I FELT A HIT FROM REAR LEFT SIDE. WHEN I CAME OUT FOR INSPECT MY CAR, I REALISED THAT VEHICLE B (SGT64C) WHICH IS CAME OUT FROM THE EXIT OF FAR EAST PLAZA WITHOUT CHECKING ONCOMING TRAFFIC FROM THE MAIN ROAD AND COLLIDED ONTO REAR LEFT PORTION OF MY CAR. HENCE I HERE TO LODGE THIS REPORT TO CLAIM VEHICLE B (SGT64C)'S INSURANCE FOR ACCIDENT DAMAGE.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGT64C
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Name of Driver SHARIFAH YASMIN BTE HUSSAIN ALJUNIED
 NRIC/Passport Number
 Contact Number 96781417
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan Pg.1

SKETCH PLAN

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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

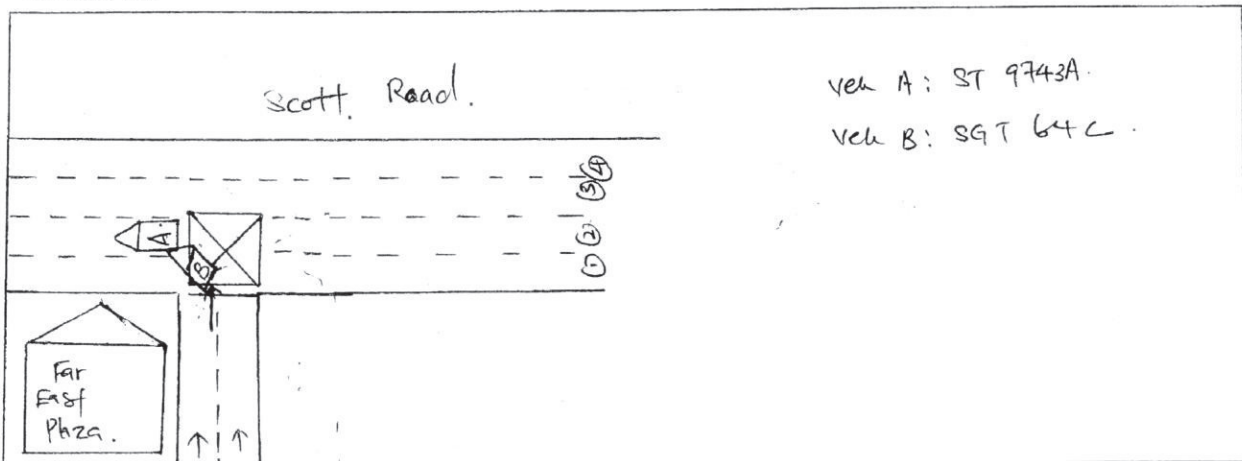
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2 Pg.1

Describe Circumstances of the Accident

On the said date & time of the accident, I was travelling along Scott Road in the 2nd lane from left side. Suddenly I felt a hit from rear left side. When I came out to inspect my car, I realized that Veh B (SGT 64C) which is came out from the exit of Far East Plaza without checking oncoming traffic from the main road and collided onto rear left portion of my car. Hence I hereto lodge this report to claim Veh B (SGT 64C)'s Insurance for accident damages.

Declaration

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

Witnessed by Reporting Centre Personnel

Insurance Co.	NTUC Income Insurance		
Vehicle NO.	ST 9743 A	Date Of Accident	07, 07, 2015
<input type="checkbox"/> Reporting Only			
<input type="checkbox"/> Own Damage Claim			
<input checked="" type="checkbox"/> Third Party Claim	Precise Auto		