

MSME20079385 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 14/09/2020 12:47
 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	14/09/2020 12:47
Date Of Accident	12/09/2020 09:00
Exact Location Of Accident	THE WATERSIDE CONDO OF TANJONG RHU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SV80C
Insured/Policyholder	
Name Of Registered Owner	TAN NOI LUI
NRIC No	SXXXX373G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90189455
Alternative Phone No	OFFICE-90189455

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099154430-02
Cover Note Number	

Driver

Name of Driver	TAN HOCK NGUAN BENNY
NRIC No	SXXXX366D
Date Of Birth	18/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1990
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90709733
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 194 RIVERVALE DRIVE #13-773
Postcode	540194
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN 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 DRIVING INTO THE WATERSIDE CONDOMINIUM OF TANJONG RHU ROAD IN A 2 WAYS LANE TO ALIGHT PASSENGER. VEHICLE B IN FRONT OF ME SLOWED DOWN AND STOPPED AND I FOLOWED SUIT WITH A SAFE DISTANCE. SUDDENLY, VEHICLE B MADE A FAST REVERSE WITHOUT CHECKING BEHIND ONCOMING TRAFFIC AND COLLIDED ONTO THE FRONT RH PORTION OF MY VEHICLE AND CAUSED DAMAGES. INITIALLY, VEHICLE B WISH TO COMPENSATE ME. HOWEVER, WE CANNOT COME INTO AGREEMENT WITH THE REPAIR COST. THEREFORE, WE DECIDE TO PROCEED WITH INSURANCE CLAIMS.

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	SKD7868R
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Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

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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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:

14/9/20

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

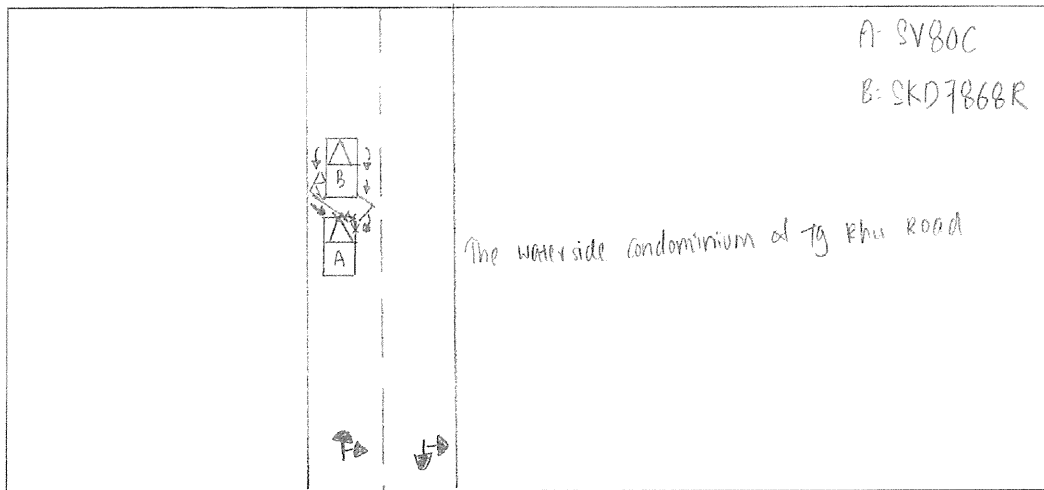
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA-NVQ Sketch Plan Form 1/20

NEW HOCK TRIO

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving into The Waterside Condominium of Tg Rhu Road in a 2 ways lane to an alighted passenger.
Vehicle B in front of me slowed down and stopped and I followed suit with a safe distance.
Suddenly vehicle B made a fast reverse without check behind oncoming traffic and collided into the front RH portion of my vehicle and caused damages.
Initially, vehicles "b" wishes to compensate me however we cannot come into agreement with the repair costs, therefore we decide to proceed with insurance claims. <i>Benny Jon</i>

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

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