

# INSURANCE

Vehicle No. STG 3191G. Date 2018 April  
 Type M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make Honda City. cc 1497  
 Colour Maroon A/C Insured / Std / NI / NA  
 Sp Reading 19021 T/Radio: Insured / Std / NI / NA  
 Eng/No.  
 C/No. MRHGM666OKT000119  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake In order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size F: 185/55R16  
 R: 185/55R16.  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or  
 Front  
 R/Bal. 06 mm  
 L/Bal. 06 mm  
 D.O.A.  
 Rear  
 R/Bal. 06 mm  
 L/Bal. 06 mm  
 D.O.I. 15/10/20  
 Survey held at N51  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision

(Policy Condition)  
 Remark: The veh had commenced its  
 repair at the time of inspection.

N/S	O/S

Est. or Market Value  
 IDAC Accident Report Consistent? : Yes or No  
 GIA / PR Seen Consistent? : Yes or No  
 Est. Repairs days Res.: Yes or No  
 Turn Turn % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date Person Contacted Vehicle: IN / OUT

Date / Time Action / Instruction  
TP China.

MV  
 PV  
 Nett.

Date/Time File Page No. ☐ : Preli. Report  
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Cost Fee: ☐ Site Insp \$  
☐ Interview \$  
☐ Test \$  
☐ Transport \$

Survey Fee:

Transportation  
 \$ + PS \$

Chassis

Body

MSME20089823 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 14/10/2020 12:45  
 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	14/10/2020 12:45
Date Of Accident	13/10/2020 17:20
Exact Location Of Accident	ALONG STADIUM BLVD SLIP RD TO MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG3191G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOK CHIK KIANG
NRIC No	SXXXX871I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93841064
Alternative Phone No	OFFICE-93841064

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10827051
Cover Note Number	

### Driver

Name of Driver	MOK CHIK KIANG
NRIC No	SXXXX871I
Date Of Birth	07/12/1946
Occupation	INDOOR
Date Of Driving Pass	05/08/1975
Driving Experience	45 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93841064
Fax Number	
Contact Number	OFFICE-93841064
Email Address	NOEMAIL

Address 9 RHU CROSS #12-07  
 Postcode 437436  
 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 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? YES  
 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: : MDM LU  
 GENDER: : FEMALE  
 Passenger 2 NAME: : VICKY HO  
 GENDER: : FEMALE  
 Passenger 3 NAME: : SALLY FOO  
 GENDER: : FEMALE  
 Passenger 4 NAME: : IRENE LIM  
 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

ON ABOVE DATE AND TIME, I WAS DRIVING MY VEHICLE A (SJG3191G) TRAVELLING ALONG STADIUM BLVD SLIP ROAD TO MOUNTBATTEN ROAD ON SECOND LANE OF A 2 LANES ROAD. MY VEHICLE WAS STATIONARY BEFORE STOP LINE TO GIVE WAY TO ONCOMING VEHICLE. OUT OF SUDDEN, VEHICLE B (YQ2410B) CAME FROM REAR AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

#### 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 YQ2410B  
 Vehicle Make/Model/Colour

Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI DONG SHENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	MOK CHIK KIANG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJG3191G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	MDM LU
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJG3191G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**DETAILS OF INJURED PERSON 3**

Name	VICKY HOO
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJG3191G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**DETAILS OF INJURED PERSON 4**

Name	SALLY FOO
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJG3191G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**DETAILS OF INJURED PERSON 5**

Name	IRENE LIM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJG3191G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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. The 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 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.

Policyholder's Signature  
Date & Time:

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

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

TWIN CAR

## Sketch Plan #2 Pg. 1



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SJG3191G) traveling along Stadium Blvd slip road to Mountbatten Road on second line of 9 2-lanes, road. My vehicle was stationary before stop line to give way to oncoming vehicle. Out of sudden, vehicle B (YQ 2410B) came from rear and collided onto the rear portion of my vehicle.

## DECLARATION

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

2

Policyholder's Signature  
Date & Time:

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

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