

MSME20093068 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 23/10/2020 15:37
 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	23/10/2020 15:37
Date Of Accident	22/10/2020 18:15
Exact Location Of Accident	BLK 919A HOUGANG AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM7948Y
Insured/Policyholder	
Name Of Registered Owner	CHEONG JUN XIANG IVAN
NRIC No	SXXXX151D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92269303
Alternative Phone No	OFFICE-92269303

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE

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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900118636-01
Cover Note Number	

Driver

Name of Driver	SIM KOK WAI
NRIC No	SXXXX049A
Date Of Birth	30/05/1976
Occupation	INDOOR
Date Of Driving Pass	06/04/2009
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97222266
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 5 JALAN DUTA 3/4 TAMAN NUSA DUTA 79150 NUSAJAYA JOHOR

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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) 2

Passenger 1 NAME: : TAN CHAI GOON
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 HAD PARKED MY VEHICLE (SMM7948Y) AT THE ELEVATOR ROOM OF BLK 919A HOUGANG AVE 4 BEFORE ONE M/CAR (SJZ5156X) AND WANTED TO ALIGHT MY PASSENGER. AFTER MY PASSENGER ALIGHTED FROM MY VEHICLE, M/CAR (SJZ5156X) DROVE OFF AND COLLIDED ONTO THE RIGHT SIDE OF MY STATIONARY 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 SJZ5156X

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category PRIVATE CAR

Name of Driver NGIAM THONG YEAP SAMUEL

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage


No. Of Passenger (Including Driver)

SKETCH PLAN**IMPORTANT NOTICE**

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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.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

BLK 919A
HOUGHANG AVE 4.


A: SMM 7948Y
B: SJZ 5156X


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I HAD PARKED my VEHICLE SMM 7948Y AT THE ELEVATOR ROOM OF BLK 919A HOUGHANG AVE 4 BEFORE ONE MOTOR SJZ 5156X AND WAITED TO ALIGHT my PASSENGER. AFTER my PASSENGER ALIGHTED FROM my VEHICLE, MOTOR SJZ 5156X DROVE OFF AND COLLIDED ONTO THE RIGHT SIDE OF my STATIONARY VEHICLE.

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:

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