SS1Y20C20003 / SME MOTOR PTE LTD ENTRY DATE & TIME: 02/12/2020 10:29 (SGT) SUBMITTED BY: Chia Pel Ying VERSION: 1 (02/12/2020 10:29 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

- The issue and acceptance or this Form by insurance companies is not an admission or pulicy habiting the part of the part of the Police for investigation.
   Any false reporting may be referred to the Police for investigation.
   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.
   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 Submission ..... 02/12/2020 10:29 (SGT) Date of Accident ..... 30/11/2020 14:07 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information AYE TWDS MCE (BEFORE LOWER DELTA ROAD) Country/State of Loss ..... Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLA9800B NSURED/POLICYHOLDER TEE HALLIMING BLOTTLE HAMBIAN BASISTEE morpholical assessment products assessment production assessment of the contract of the contra the spring TABLESCO INSTITUTE ENCERTED GEOMETRIA CONTORE RESIDERED DELETES INCOMEN ASLESSES EMMONORS FLESSES. diadorani No Name Of Registered Owner SI LENG WHATT PETER SXXXX245E Email Address jasonkcapl@gmail.com Mobile Phone No ...... (Phone) +65-97908383 +65-97908383 VEHICLE PARTICULARS

OR OTHER PROPERTY OF THE elegates announcements of thinking free ele-PLOCE DE CONCERNE MONIMENTE PROCESSE CONTRACTO PROCESSE FLORITATION Tovota Model ..... Camry Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car INNSURANCE COMPANY EXPERENT MINIMENT CORRESPOND MINIMENT EXECUT. SERRICADO ESCRIPCIO DE miniMar escribor do ATAL Describir Marifesta sersos SOUTHWARD BEFORE AS A REMOMENT OFFICE OF THE BOARD AS A LABOR AS A triasataren 367800.69 (storman) виконова порявани сительная аградиру Name of Insurance Company AGI Type of Coverage Comprehensive No Policy Number P10326084R00 Cover Note Number 1199 SECURE OF ORDERED STATES PRODUCED PARTIES DESCRIBED SECURES FURNISHED BETTERNE BROKEN SI LENG WHATT PETER SXXXX245E Date Of Birth 20/12/1955 

Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address	12/03/2019 1 YEAR AND 8 MONTHS Male (Phone) +65-97908383 +65-97908383 jasonkcapl@gmail.com BLK 312 SHUNFU ROAD #07-247
Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured	570312 Yes
Does Driver Own Other Vehicles?  Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT OF THE ACCIDEN	minimized to the contraction of
Type of Accident Weather Conditions Road Surface	Chain Collision Raining Wet
OTHER INFORMATION TO THE PROPERTY OF THE PROPE	The state of the s
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 4 No - Yes 2 No
PASSENGER 1	
Name Gender	JEANIE Female
HE COLORES THE SHEET SEE SEE SEED SHEET SEEDS SE	HERBERT CALLER CONTROL
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
INF CHARLES OF ACCIDENT: BEPTERM CHARLES BURNERS CONTROL CONTR	
ON 30/11/2020 AT ABOUT 2.07PM, I WAS TRAVELLING ALONG FRONT THE VEHICLE SLOW DOWN AND STOPPED, I FOLLOW INVOLVED IN A 4 VEHICLES CHAIN COLLISION.	AYE TOWARDS MCE (BEFORE LOWER DELTA ROAD). IN /ED. SUDDENLY, I FELT AN IMPACT FROM REAR. I WAS
ATTACHMENTS) 85 (300025) NUMBUSEN BEBUCECE NUMBUSEN BEBUCECE NUMBUSEN BEBUCECE NUMBUSEN BEBUCECE NUMBUSEN BESTERBE	
Are accident photos available for attachment?  Nas there any video captured by Car Camera?  Nas there any audio recorded?	Yes Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
/ehicle Registration Number /ehicle Manufacturer /ehicle Model /ehicle Variant /ehicle Colour	GU857B - -
/ehicle Category	Commercial vehicle

Name of Driver	_
Contact Number	_
Address	_
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	-
	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YM7533T
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	- Commercial vehicle
Name of Driver	
Contact Number	•
Address	-
Address complement	-
Postcode	•
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	-
Mor Or Lassender (moraning DIMGL)	H

### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YN9164G
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	*
Vehicle Colour	-
	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	
Address	_
Address complement	_
Postcode	-
	-
Insurance Company Name	-
Nature Of Damage	•
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

4000 management management	 ORDERS AND OR	H1	markananana	**** ********	914-19-19990 cg		torrientino sa	**********	Name of the last of the	M*	Manuferenti con	
DISKETCH PLANTOR DURING	of the second		BOSTOSTAND	Filled day		2003029	19119119119191	Mail Control	langiaga men	***************************************	19088118004	[::h::
1990 a son a con-	 Differentiation		Bullillibrau	***************************************	(Machine Henry		memorbanasii		and the latest and the		atestanipage	



### SKETCH PLAN

### **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.
- 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
- 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)

l understand, acknowledge, agree and consent that:

- 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)
  - (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
- 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.
- 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.
- 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:

ty authorised SINE MOTOR PIE LTD to send my accident teshap tim Chuse Auto fire LTD via fax 6745 8520

	MASIO I REPORTE REPORTED PROGRESS DEGREES PROGRESSION SERVICE RECEIVED REPORTED DEGREES PROGRESSION
21	
	SKETCH PLAN  A) - Si A 9800 B  C) - N M 15 33 T
	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
	On 30.11.2020 at about 2.07 pm. I was travelling along AYE Towards.
	Macro ( P. L. ) and a freel 1 to Valida Way of
	MCE ( Before Lovrer Delta Road) . In front the Yehicle Slow down and
	stopped . I follow . Suddenly I felt an impact from rear . I was
	involved in a 4 yehicles chain collision.
	TRIVITE IN A 1 TERROLE CHAIN CONTINUE.
	to the state of th
	DECUARATION  I/We deplace the foregoing particulars are true in every respect.

NRIC/FIN No.:

665850 Skeldiclansons V3

Date & Time: