SS1Y20CT000B / SME MOTOR PTE LTD ENTRY DATE & TIME: 29/12/2020 15:34 (SGT) SUBMITTED BY: Wen Ying VERSION: 1 (29/12/2020 15:34 (SGT))

# **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 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.

  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 Submission	29/12/2020 15:34 (SGT)
Date of Accident	23/12/2020 13:55 (SGT)
Exact Location of Accident	Premier, Singapore
Additional Location Information	CARPARK AT ENTRANCE OF PREMIER @ KAKI BUKIT LEVEL 3
	(GATE 2).
Country/State of Loss	Singapore

# **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number	GK3-3419536	

## INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PLATINUM GROUP PTE LTD
Company Reg No	2XXXXX256D
Email Address	supercars88@hotmail.com
Mobile Phone No	(Phone) +65-98785544
Alternative Phone No	+65-98785544

## VEHICLE PARTICULARS

Manufacturer

Model	Fit
Variant	-
Exact purpose for which vehicle was being used at time of	
accident	Employment
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Claiming third party
Vehicle Category	Private car

#### **INSURANCE COMPANY**

NTUC
ThirdParty
Yes
5114850257-01
-

## DRIVER

Name of Driver	VINCENT TAN CHYE YONG
NRIC No	SXXXX346H
Date Of Birth	07/10/1973

Occupation Indoor Date Of Driving Pass 27/02/1995 Driving experience 25 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-98785544 Alt. Phone Number Email Address supercars88@hotmail.com Address BLK 271D PUNGGOL WALK #06-553 Address complement Postcode 824271 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION 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? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT MY VEHICLE WAS PARKED AT THE CARPARK ENTRANCE OF PREMIER @ KAKI BUKIT LEVEL 3 (GATE 2) INFRONT OF MY

MY VEHICLE WAS PARKED AT THE CARPARK ENTRANCE OF PREMIER @ KAKI BUKIT LEVEL 3 (GATE 2) INFRONT OF MY SHOP. SUDDENLY, I HEARD A LOUD SOUND AND CAME OUT TO CHECK WHAT HAPPENED, VEHICLE B ROLL FORWARD AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 XD2745R

 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)	_

#### 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.
- 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.
- 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.
- 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 aforesald.
- 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.

THOM CAOUS TO STATE OF THE STAT

Policyholder's Signature

Oriver's Signature (If driver is not the policyholder)

Maic/e

Reporting Centre Personnel's Signature Name:

NUA

NRIC/FIN No.

I authorised SME to email bu GIA report to New Hour Teck whom ple Led

Date & Time:

<b>SKETCH</b>	PLAN

	BIK ID	A: 9k3-3419536 B: XD2745R
4	Carpark entrance of Premier e Kaki burky	level 3 (64te 2)
	BIK B	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
My vehicle was parked at the carpark entrance of premier @ kaki bukit level 3 (gate 2) in front of my shop.
my shop.
Suddenly, I heard a loud sound and came out to check what happened?
Veh b roll forward and collided into the rear portion of my vehicle and caused damages.
V 1

DECLARATION

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.: