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1800

Report Format:

Lump Sum / 1.B.I. (S

Others

TOTAL

SS1Y213K0008 / SME MOTOR PTE LTD ENTRY DATE & TIME: 20/03/2021 14:49 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (20/03/2021 14:49 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. 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.

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

20/03/2021 14:49 (SGT) 20/03/2021 10:36 (SGT) 266 Compassvale Bow, Singapore 540266 SERVICE ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMP3966E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No Alternative Phone No No

RAJKUMAR S/O RAMAKRISHNAN

SXXXX188F

roachraj@gmail.com (Phone) +65-91164862

+65-91164862

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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?

Vehicle Category Transmission

CC

Mercedes

E250

Private use

No - Claiming third party

Private car Auto

1796

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number Cover Note Number

NTUC Income Insurance Co-operative Ltd Comprehensive

No

5118462468

DRIVER

Name of Driver NRIC No

RAJKUMAR S/O RAMAKRISHNAN SXXXX188F



Accident report SS1Y213K0008

Date Of Birth 24/07/1994 Occupation Indoor Date Of Driving Pass 03/06/2019 Driving experience 1 YEAR AND 9 MONTHS Gender Male Mobile Number (Phone) +65-91164862 Alt. Phone Number +65-91164862 Email Address roachraj@gmail.com Address BLK 548 HOUGANG ST 51 #02-240 Address complement Postcode 530548 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

No
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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 20/03/2021 AT 10.36AM, I WAS DRIVING MY VEHICLE (SMP3966E) ALONG THE SERVICE ROAD OF BLK 266 COMPASSVALE BOW. AS I WAS DRIVING STRAIGHT, VEHICLE B (SLU3206B) SUDDENLY CAME OUT OF THE LOADING BAY AND HIT ONTO THE LEFT OF MY VEHICLE. WE EXCHANGED PARTICULARS AND I PROCEED TO MY WORKSHOP FOR ACCIDENT INSURANCE REPORTING

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

WITH TP WORKSHOP

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSLU3206BVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of Driver-



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



SKETCH PLAN

and Company Description agreed 127 main

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form most be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 incurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)
 1 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 insurers) have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers 'Invyers/law firms, the Monetary Authority of Singapore and any relevant government agency/asshority (such as the police), for the purpose(s) of :
 - 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 ma-
 - (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 low 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 detaction, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - 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.

A

Policyholder's Signature Date & Time: 200321 1240 #

Oriver's Signature (if driver is not the policyholder) Date & Time: 2082/ 1240 Reporting Centre Personnol's Signature Warner Half / Fire No.

roller of the

I hereby authorise SME hotor Ple and my accident report to gerine @ casgarage sq



SKETCH PLAN

ALDONIG BLK 266

LONDING BLY 266

(CONTINSSVALE BOW)

SERVICE ROND

B: SLU 3206 B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE SERVICE					VEMICLE, SMF		1
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DECLARATION

that declars the forceplay particulars are true in every respect.

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Policy of Version Superiore
Date & Time: 200321 1240

24

Enliver's Separative (If driver is not the policyholds) thate & Time: 200521 1240 Reporting Centre Personnel's Signature Names