

# 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 Submission ..... 10/05/2021 13:40 (SGT)  
Date of Accident ..... 07/05/2021 18:28 (SGT)  
Exact Location of Accident ..... Serangoon Central, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SML2275T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... QUEK CHEE KIAN  
NRIC No ..... S7239930G  
Email Address ..... qckck@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-97670137  
Alternative Phone No ..... +65-97670137

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... D20MPC0001821  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... QUEK CHEE KIAN  
NRIC No ..... S7239930G

Date Of Birth .....	23/10/1972
Occupation .....	Indoor
Date Of Driving Pass .....	11/06/1996
Driving experience .....	24 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97670137
Alt. Phone Number .....	+65-97670137
Email Address .....	qckck@yahoo.com.sg
Address .....	BLK 20 ST.GEORGE'S ROAD #10-110
Address complement .....	-
Postcode .....	321020
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 .....	2
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) .....	1
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

ON THE SAID DATE AND TIME OF ACCIDENT, I WAS DRIVING MY VEHICLE A (SML2275T) ALONG SERANGOON CENTRAL. I WAS DROPPING OFF MY PASSENGER AT THE TAXI STAND. AFTER THAT, I FOLLOWED FRONT VEHICLE TO CHANGE LANE TO THE RIGHT. VEHICLE AHEAD SUDDENLY JAM HIS BRAKE. I DID NOT HAVE ENOUGH TIME TO BRAKE AND COLLIDED ONTO THE VEHICLE B (SKW4614B)'S REAR PORTION. I AM LODING THIS REPORT FOR MY OWN RECORD PURPOSE.

#### 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 .....	SKW4614B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name 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) .....	-

I / We hereby authorise (SME Motor Pte Ltd) to send my accident report to my workshop Precise Auto Service via email: support@preciseauto.sg or fax: 68413390

SKETCH PLAN Thank You !!

Signature: 

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### 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:

10<sup>th</sup> May 2021

11:58hrs



Driver's Signature

(If driver is not the policyholder)

Date & Time:

10<sup>th</sup> May 2021

11:58hrs

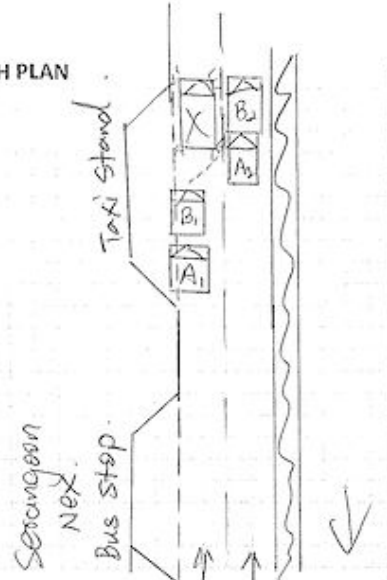


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



Veh. (A) = SML 2275 T

Veh. (B) = SKW 4614 B

Along Serangoon Central

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the said date & time of accident, I was driving my vehicle A (SML 2275 T) along Serangoon Central. I was dropping off my passenger at the Taxi Stand. After that I follow front vehicle to change lane to the right, vehicle ahead suddenly jam his brake, I do not enough time to brake and collided onto the vehicle B (SKW 4614 B)'s rear portion. I am lodging this report for my own record purposes.

DECLARATION

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

Policyholder's Signature

Date & Time:

10<sup>th</sup> May 2021  
1115hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

10<sup>th</sup> May 2021  
1115hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:
















INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 190703792k | GST Reg. No. M2-0078006-X  
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711  
Office (65) 63476100 Email insure@iili.com.sg  
Fax (65) 62244174 Website www.iili.com.sg

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

<b>CERTIFICATE NO.: D20MPC0001821</b>	<b>COVER: Third Party Only</b>
<p>1. Index Mark and Registration Number of Vehicle : SML2275T</p> <p>Chassis No : KMHD841CMKU910890</p> <p>2. Name of Policyholder : QUEK CHEE KIAN</p> <p>3. Effective date of Insurance : 10 May 2020</p> <p>4. Expiry date of Insurance : 09 May 2021</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>(a) The Policyholder The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.</p> <p>(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle</p> <p>6. Limitations as to use*</p> <p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p><b>The Policy does not cover</b></p> <p>a) Use for hire or reward.</p> <p>b) Use for racing, pace-making, reliability trial, speed-testing.</p> <p>c) Use for the carriage of goods other than samples in connection with any trade or business.</p> <p>d) Use for any purpose in connection with the Motor Trade.</p> <p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>	
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON SECTION II WILL BE APPLICABLE.</p> <p>I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).</p>	
<p>Agent/Broker : A000050/Sunmex Enterprise</p> <p>Date of Issue : 19/03/2020 21:01:18</p> <p>MX1-Private Car (Insured Driving)</p>	<p>For India International Insurance Pte Ltd</p>  <p>_____ Authorised Signatory</p>

**SUNMEX ENTERPRISE**  
8 ENGGOR STREET  
#24-02  
SINGAPORE 079718  
TEL: 6220 5977 FAX: 6220 1698