

SS1Y215K0002 / SME MOTOR PTE LTD  
 ENTRY DATE & TIME: 20/05/2021 12:54 (SGT)  
 SUBMITTED BY: Chia Pei Ying  
 VERSION: 1 (20/05/2021 12:54 (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 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	20/05/2021 12:54 (SGT)
Date of Accident	19/05/2021 17:15 (SGT)
Exact Location of Accident	Hougang Ave 8, Singapore
Additional Location Information	TWDS HOUGANG AVE 10
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2074P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG TAI CHEEN
NRIC No	SXXXX174F
Email Address	myvoice@hotmail.com
Mobile Phone No	(Phone) +65-96160133
Alternative Phone No	+65-96160133

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180k
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1597

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MPC0000458-02
Cover Note Number	-

### DRIVER

Name of Driver	LEE CHOON KEK
NRIC No	SXXXX716J

Date Of Birth	25/08/1946
Occupation	Indoor
Date Of Driving Pass	22/04/1966
Driving experience	55 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92951304
Alt. Phone Number	-
Email Address	mvslee@hotmail.com
Address	BLK 29 KOVAN ROAD #08-30
Address complement	-
Postcode	545022
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

## PASSENGER 1

Name	NG TAI CHEEN
Gender	Female

## PASSENGER 2

Name	ASRIPAH
Gender	Female

## 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 (SJV2074P) ALONG HOUGANG AVE 8 TOWARDS HOUGANG AVE 10. UPON REACHING THE SLIP ROAD JUNCTION, I SLOWED DOWN AND STOPPED TO GIVE WAY TO THE ONCOMING TRAFFIC FROM MAJOR ROAD. SUDDENLY, I FELT AN IMPACT FROM BEHIND AND REALISE THAT WAS VEHICLE B (SLJ6923C) DIDN'T STOP IN TIME AND COLLIDED ONTO REAR PORTION OF MY VEHICLE. ME AND MY PASSENEGR WILL GO TO SEE DOCTOR IF FEEL ANY UNCOMFORTABLE. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SLJ6923)'S INSURANCE FOR MY ACCIDENT DAMAGES.

## 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	SLJ6923C
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)	-

## SKETCH PLAN

I / We hereby authorise (QME 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 - 

**IMPORTANT NOTICE**

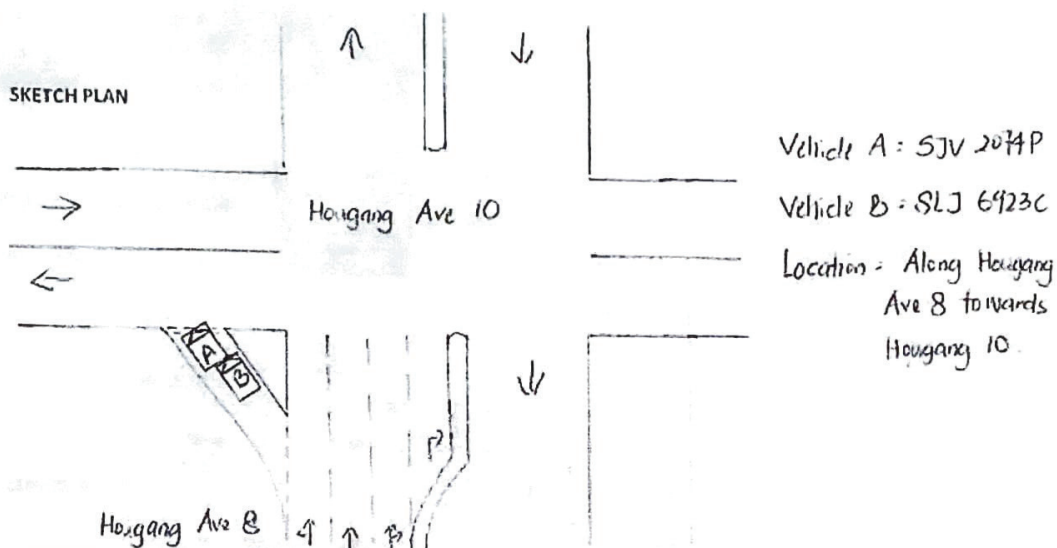
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**2. Consent under the Personal Data Protection Act (PDPA)**

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 situated 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 / provided:
  - (i) to all Insurers and/or any other third party that assist in adjusting claims or investigating or managing fraud;
  - (ii) to law enforcement and government agencies as reasonably required for the purposes stated; or
  - (iii) for complying with regulatory requirements, including insolvency administration.

## SKETCH PLAN #2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the said date & time of accident, I was driving my vehicle A (SJV 2074P) along Hougang Ave 8 towards Hougang Ave 10. Upon reaching the slip road junction, I slow down and stopped to give way to the oncoming traffic from major road. Suddenly, I felt an impact from behind and realized that was vehicle B (SLJ 6923C) didn't stop in time and collided onto the rear portion of my vehicle. Me and my passenger if feel any uncomfortable, we will go to see doctor.

Hence, I hereto lodge this report claim against vehicle B (SLJ 6923)'s insurance for my accident damage.

## DECLARATION

I/We declare that the information provided is true and correct to the best of my/our knowledge.

*[Signature]*  
 I/We declare that the information provided is true and correct to the best of my/our knowledge.

*[Signature]*  
 I/We declare that the information provided is true and correct to the best of my/our knowledge.