SS1Y21BI0005 / SME MOTOR PTE LTD ENTRY DATE & TIME: 18/11/2021 13:12 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (18/11/2021 13:12 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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.

ACCIDEN [*]	T STATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Intry/State of Loss	18/11/2021 13:12 (SGT) 17/11/2021 17:16 (SGT) Pasir Ris Drive 3, Singapore TPE EXIT 3C Singapore
DETAILS OF	FOWN VEHICLE
Vehicle Registration Number	SLR276J
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No ENG TECK TRACY TAN S1762783Z tracetan@yahoo.com (Phone) +65-96412793 +65-96412793
VEHICLE PARTICULARS	
nufacturer Madel Variant	Mini Cooper
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	Private use No - Claiming third party Private car Auto 1600
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy	AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No

DRIVER

Name of Driver **CLEON TAN GUAN YU** NRIC No S9824987G

Cover Note Number

Date Of Birth	25/07/1998
Occupation	Indoor
Date Of Driving Pass	25/07/2018
Driving experience	3 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96600519
Alt. Phone Number	(Filotie) +03-30000313
	-
Email Address	cleon98@live.com
Address	111 PASIR RIS GROVE #01-30
Address complement	-
Postcode	518170
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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
Trodd Garlage	Diy
	and the control of th
OTHER INFORMATION	그렇게 하는 그는 사람이 살려 되었다. 그는 사람들로 모든 것이
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	_
	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	기계 하면 보다 가게 되었다. 그 그렇게 되었다. 🙈
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ON 17/11/2021, ALONG PASIR RIS DRIVE 8 TPE EXIT 3C. I ST LORRY HIT MY CAR REAR END. ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
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Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	CLEON TAN GUAN YU Male
Phone No	-
Address	-
Address Complement	_
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLR276J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

on a property of the Lat	rat n.t.s
SKETCH	F1. 2508

Thereby authorise SME Motor Pte Ltd to send a	m
accident report to my workshop	
via email / fax.	

Signature:.....

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Polks for investigation.
- 6. The report will be torwarded by the insurers of the CSA Records Management Centre established by the General Insurance Association
- of Singapore (CIA) for archiving and that copies of this report with for a fee be made available to an application by interested parties.
- 7. By the indigement of this report to the instincts, you hereby containt to the prohiving 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my workshop and the General Executione Association of Singapore ("GIA") may are permitted to collect, use, disclose and/or process my personal data/personal enforcesion set out in this [form] and any other personal information provided by the se possessed by my insurer (corectively the "Persons Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(a) involved in this accedent (all insurer(b) who have insured vehicle(a) involved in this accedent shall be collectively referred to as the "insurers"), the insurers lawyers/law tires, the Mondary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(a) of
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (ii) investigating the accident analor my claims;
- (a) carrying out and/or dealing with my instructions or responding to any enquries by me;
- (iv) administering my claims (including the nailing of correspondence, attributes, invoices, reports or notices to me, which could level redisclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes mail
- (v) complying with applicable law in administering, processing, handling audior dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved at this accident and the insurers' lawyr, allaw firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Perposes; 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.

Diver's Signature (if reliver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

Sketch Plan

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