

SS1Y222N000E / SME MOTOR PTE LTD
ENTRY DATE & TIME: 23/02/2022 16:15 (SGT)
SUBMITTED BY: Chia Pei Ying
VERSION: 1 (23/02/2022 16:15 (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	23/02/2022 16:15 (SGT)
Date of Accident	22/02/2022 14:06 (SGT)
Exact Location of Accident	Stevens Rd, Singapore
Additional Location Information	TWDS ORCHARD RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ6101B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG HEALTHCARE PTE LTD
Company Reg No	201003187E
Email Address	sales@sg-healthcare.sg
Mobile Phone No	(Phone) +65-65475566
Alternative Phone No	(Office) +65-65475566

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Commercial vehicle
Transmission	Manual
CC	1461

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900112087-02
Cover Note Number	-

DRIVER

Name of Driver	KOH AH CHENG
NRIC No	S1267805C

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Fleet Policy	No
Policy Number	1900112087-02
Cover Note Number	-

DRIVER

Name of Driver	KOH AH CHENG
NRIC No	S1267805C

Date Of Birth	10/02/1957
Occupation	Outdoor
Date Of Driving Pass	17/05/1980
Driving experience	41 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97216834
Alt. Phone Number	-
Email Address	sales@sg-healthcare.sg
Address	BLK 915 TAMPINES ST 91 #09-57
Address complement	-
Postcode	520915
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - U-Turn
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 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

ON 22/02/2022 AT ABOUT 2.06PM, WHILST TRAVELLING STRAIGHT ALONG STEVENS ROAD TOWARDS ORCHARD ROAD, VEHICLE B (SMS4163H) FROM THE OPPOSITE DIRECTION SUDDENLY MADE AN U-TURN, CUT ACROSS MY LANE AND HIT ONTO THE REAR RIGHT SIDE OF MY VEHICLE A (GBJ6101B).

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	SMS4163H
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

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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.

SGS HEALTHCARE PTE LTD
 A Caring Heart Is Good Medicine (Prov 17:22)
 10 UOI CRESCENT, #01-77
 UOI TECHPARK, SINGAPORE 108564
 Tel: (65) 6547 5566 Fax: (65) 6547 5577
 UEN: 201003187E GST Regn. No: 201003187E
 E-mail: sales@sg-healthcare.sg

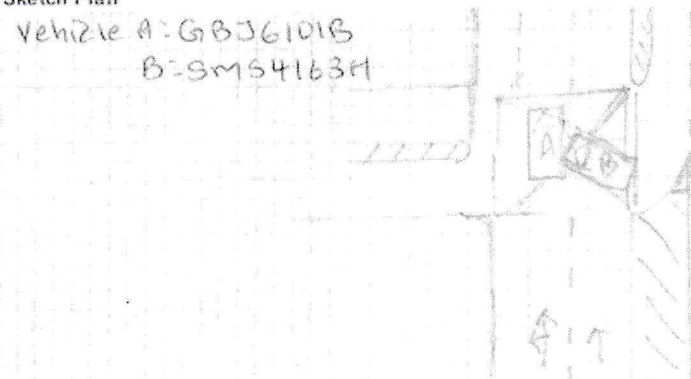
Policyholder's Signature/Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: GBJ61018
 B: SM54163H



SKETCH PLAN #2

Describe Circumstances of the Accident

On 22/2/2022 at about 2.06pm, whilst traveling straight along Stevens Road towards Orchard Road, vehicle B (3MS4/63H) from the opposite direction suddenly made a u-turn, cut across my lane and hit into the rear right side of my vehicle A (G3) 6101B).

Declaration

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

SG HEALTHCARE PTE LTD
(Cheerful Heart Is Good Medicine (Prov 17:22))

10 UBI CRESCENT, #08-77
UBI TECHPARK, SINGAPORE 408564
Tel: (65) 6547 5500 Fax: (65) 6547 5577
UEN: 201003187E GST Regn. No: 201003187E

Policyholder's Signature / Date & Time
Website: www.sg-healthcare.sg

Driver's Signature (if driver is not the policyholder) / Date & Time
1330

Witnessed by Reporting Centre Personnel