REF: (S/1NC23003758/4843

ASS. REC. BY: MCrea ASSIGNMENT Veh No: 5 M 9955 Yr Regn: 05/09/19 From: Date: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Move **Estimated Cost:** Truck/Trailer or CA / Cross OD / 1/19 / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: Make: Insured / Std / NI / NA Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading of Insured: Eng/No: JMAXTGKIWKZ00045 C/No: Policy No. Gen. Cond: Good Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Sum Insured: Excess: Inorder / Jammed / Leaked / Burnt or Brake: (Client's Record) Modi: Nil/I S/Rim / STD A/Rim or Make of Veh: Tyre Size: (Policy Condition) O/S N/S Remark: The veh had commenced its BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO / YOKO or racdston Bal. or Market Value: Rear Front R/Bal. R/Bal. Consistent?: Yes or No IDAC Accident Rport: L/Bal. L/Bal. Consistent?: Yes or No GIA / PR Seen: D.O.I. D.O.A. 0 C Res.: Yes or No Est. Repairs: days 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Person Contacted: Date: 17A8 45319 The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction buil nehide hesn't send in he regor - rome \$1500-2500k. Date/Time, File Pass to? Preli. Report Days Of Repair: **Final Report** Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? Transportation: Add Fee: : Site Insp (\$ S+RS,\_\_SI Interview (\$ Photos Tech. Invs (\$ Report Format: Others Lump Sum / I.B.I: (\$ Weekend (\$

TOTAL

SS2X2346000A / SME MOTOR PTE LTD ENTRY DATE & TIME: 06/04/2023 16:23 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (06/04/2023 16:23 (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 Actual 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
Reported by
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

06/04/2023 16:23 (SGT) Both Policyholder and Actual Driver 05/04/2023 06:50 (SGT) PIE, Singapore TWDS TUAS BEFORE EXIT 9 Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMN9955H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

QUEK KIOK HWEE MERVYN

S8001247J

MERVYN.Q@GMAIL.COM

(Phone) +65-91706960

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

Mitsubishi

Eclipse cross

Private use

No - Claiming third party

Private car

Auto

1499

**INSURANCE COMPANY** 

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5126457426-01

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

QUEK KIOK HWEE MERVYN

S8001247J

07/01/1980

Indoor



Date Of Driving Pass 25/04/2003 Driving experience 20 YEARS Gender Male Mobile Number (Phone) +65-91706960 Alt. Phone Number **Email Address** MERVYN.Q@GMAIL.COM Address 115 PASIR RIS GROVE #08-48 Address complement Postcode 518172 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 vehicle 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

PASSENGER 1

Name UNKNOWN Gender Male

PASSENGER 2

Name UNKNOWN Gender Male

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 SAID DATE AND TIME OF THE ACCIDENT, I WAS DRIVING MY CAR (SMN9955H) ALONG PIE TOWARDS TUAS BEFORE EXIT 9 IN THE RIGHT MOST LANE WITH 2 CHILDRENS INSIDE MY CAR. THE VEHICLE IN FRONT OF ME HAS STOPPED, I ALSO STEP ON MY BRAKE TO STOP TOO. OUT OF THE SUDEN, I FELT AN IMPACT FROM BEHIND. I AM NOT SURE WHICH CAR BANG ONTO MY CAR UNTIL I CHECKED MY CAR CAMERA RECORDER THEN I REALISED THAT VEHICLE B (SLF738G) COLLIDED INTO MY CAR'S BEHIND. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SLF738G)'S INSURANCE FOR MY ACCIDENT DAMAGES.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF738G
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	<b>VEHICLE B</b>
No. Of Passenger (Including Driver)	-

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. By the ledgement 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 afcresaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

funderstand, 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' law yers/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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

dicyholder's Signature / Date me	& Driver's Signature & Time	(If driver is not the policyholder) / Date	Witnessed by Reporting Centre
ketch Plan			Personnel
	Litering		
thank biti			J ga EKH
	1-1-1-14	1-	
	1-11-17	15 61	F. H. S. B. G.
	11-11		
1 MHHHH	11111111111111111111111111111111111111	Alana P	E Towards Tons
	11-11-11		7
		( Befale	EXET 7)

Describe Circumsiances of the Accident
On Said clark & time of the accident i was driving my con-
(SMN 9955H) Along PIE Town to Twee - before Frit 9 to the water I
(SMN 9955H) along PIE Trunds Twas - before Exit 9 in the right must lane
with 2 childrens inside
with 2 childrens inside my raw. The vehicles inflow of me has stopped,
So i also step in my brice to stop too. Out of sudden i left on injust
from behind had 5 are as a second
from behind but I am not ever which car boy onto my car contil
i charted as a second s
i checked my car corners recorder then i realized that weh. B (31f 7365
collided onto my consistential. Hence, Thereto ledge this report to
my to spening. Hence, I hereto longe this report to
Claim are all the of the areas in
dain against Veh. B ( SLF 7586) & Insurance for my accident dange
, f '
- 10.4 - COMMUNICATION - 1000 (200 COMMUNICATION - 100 COMMUNICATION - 100 COMMUNICATION - 100 COMMUNICATION -
ALTO LIBERTAN AND AND AND AND AND AND AND AND AND A

### Declaration

tWo doclare the foregoing particulars are true in overy respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourtoen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence, Kindly check with your insurer for more details.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre