SS2X24AG0004 / SME MOTOR PTE LTD ENTRY DATE & TIME: 16/10/2024 10:15 (SGT)

SUBMITTED BY: Chia Pei Ying VERSION: 1 (16/10/2024 10:15 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 First Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

16/10/2024 10:15 (SGT) Both Policyholder and Actual Driver 15/10/2024 13:40 (SGT) Vista Exchange Green, Singapore SLIP RD TWDS NORTH BUONA VISTA ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNN3651L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes PRIME CAR LIMO PTE LTD 201826883W SUPREMELEASINGSG@GMAIL.COM (Phone) +65-86836000

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 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

Toyota

Sienta

Private use

No - Claiming third party Private car Auto 1500

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Income Insurance Limited 5119742081-03-000084

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class

3 Valid **Driving License Validity** 43 YEARS AND 10 MONTHS Driving experience Male Gender

(Phone) +65-93878855 Mobile Number Alt. Phone Number **Email Address**

SUPREMELEASINGSG@GMAIL.COM BLK 604 ELIAS ROAD #15-216 Address complement

QUEK SER CHOU

S1624276D

13/07/1963

02/12/1980

Outdoor

510604 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Hirer 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

Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface

OTHER INFORMATION

Address

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) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

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 15/10/2024 AT ABOUT 1340HRS AT SLIP ROAD OF VISTA EXCHANGE GREEN TOWARDS NORTH BUONA VISTA ROAD. I WAS TRAVELLING ON THE ABOVE MENTIONED ROAD AND CAME TO A COMPLETE STOP WHILE HAVING A LOOKOUT OF THE MAIN TRAFFIC. SUDDENLY, I HEARD A LOUD BANG AND I REALISED VEHICLE B COLLIDED ONTO MY REAR.

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

Vehicle Colour Vehicle Category Name of Driver Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

FBS6739P

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Motorcycle CRIS TEY

(Phone) +65-93496739

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VEHICLE B

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SECTION PLAN

IMPORTANT NOTICE

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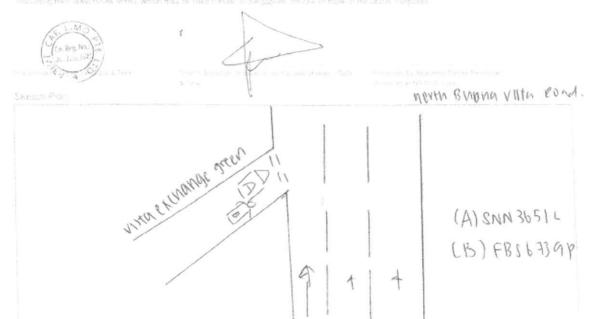
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(bitall coursess wile have insured vehicles) involved in the according and the Insurers, lawyers have may/am permitted to collecture discress and re-process my Personal information for one or invite of the above Purposes, and

no his frescha Information may/can be disclosed by any of the Insurence and or GIA to their third-party service providers or agents



on 15/10/2024 at about 1340Ws at slip road of vista exthange green toward north busins vista road I was travelling on the above membered road and came to a complete stop while having a lookent of the main traffic Suddenly. I ward a loud bang and I realized vehicle (B) collided out my rear.

- (A) SHHSLSIL
- (B) FBS 6739P

Declaration



15/10/2074