SS4824C70007 / SME MOTOR PTE LTD ENTRY DATE & TIME: 07/12/2024 13 13 (SGT) SUBMITTED BY: Wen Ying VERSION: 1 (07/12/2024 13:13 (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 on instantial 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

07/12/2024 13:13 (SGT) **Actual Driver** 06/12/2024 11:25 (SGT) Frankel Ave, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBG5062C

INSURED/POLICYHOLDER

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

Mobile Phone No Alternative Phone No

53040877E

(Phone) +65-96953799

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

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

Yes

ETHOS MOVEMENT

QIAN_HUI91@HOTMAIL.COM

Employment

Toyota

Hiace

No - Claiming third party Commercial vehicle

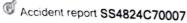
Manual 3000

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

DRIVER



1800086843



me of Driver IRIC No **Date Of Birth** Occupation **Driving Pass Date Driving License Pass Class Driving License Validity Driving experience** Gender Mobile Number Alt. Phone Number **Email Address**

Address Address complement

Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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 Weather Conditions **Road Surface**

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email

Original language used in the statement

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG FRANKEL AVE, TRAFFIC LIGHT TURN RED, I STOPPED MY VEHICLE, SUDDENLY, VEHICLE B HIT ONTO THE REAR PORTION OF MY VEHICLE.

ATTACHMENT(S)

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

Accident report SS4824C70007

CHIU CHYE LENG S1737485J 07/01/1966 Outdoor 02/11/1984 3

40 YEARS AND 1 MONTH

Male

Valid

(Phone) +65-96953799

QIAN_HUI91@HOTMAIL.COM BLK 143 PASIR RIS ST 11 #01-107

510143 No

Employee No

Collision - Head to Rear

Clear Dry

No

No

Yes 2

No

MS KOH

Female

No

No

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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLM9692H

Vehicle Manufacturer

Vehicle Model

Vehicle Variant
Vehicle Colour

Vehicle Category Private car

Name of Driver DERRICK TAN BOON HOCK

NRIC No \$1252138C

Contact Number

Address - Address complement -

Postcode Insurance Company Name -

Nature Of Damage
Details of property damaged in accident

VEH B

No. Of Passenger (Including Driver)



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(6BG 5062C) vehicle B (SLM9692H)



I was travelling along Frankel Avenue Traffic light turn red, I stopped my vehicle. Suddenly, vehicle B hit onto the rear portion of my vehicle

> Ethos Movement



