

MSME18048420 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 11/04/2018 17:13
 SUBMITTED BY: Chia Pei Ying

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 ability.
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 Report	11/04/2018 17:13
Date Of Accident	11/04/2018 07:20
Exact Location Of Accident	KPE EXIT 9A TWDS TAMPINES ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFZ5555A
Insured/Policyholder	
Name Of Registered Owner	TAN AI CHING SERENE
NRIC No	S8410923A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98412362
Alternative Phone No	OFFICE-98412362

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080880749-02
Cover Note Number	

Driver

Name of Driver	ZHAO YANGWEI
NRIC No	S8407720H
Date Of Birth	27/03/1984
Occupation	INDOOR
Date Of Driving Pass	04/08/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98441092
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 273D PUNGGOL PLACE #03-892
Postcode	824273
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - -
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : ARTHUR TEO ZHI FENG GENDER: : MALE
Passenger 2	NAME: : WASLICHAH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG KPE EXIT 9A TOWARDS TAMPINES ROAD ON 11/04/2018 AT 0720HRS. I FOLLOWED THE VEHICLE IN FRONT OF ME TO STOP. SUDDENLY, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY REAR. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE.

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	SKM1284S
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	FELICIA CHUA YONG FERN
NRIC/Passport Number	S7811064C
Contact Number	96431161
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ZHAO YANGWEI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SFZ5555A

Were seat belts worn?

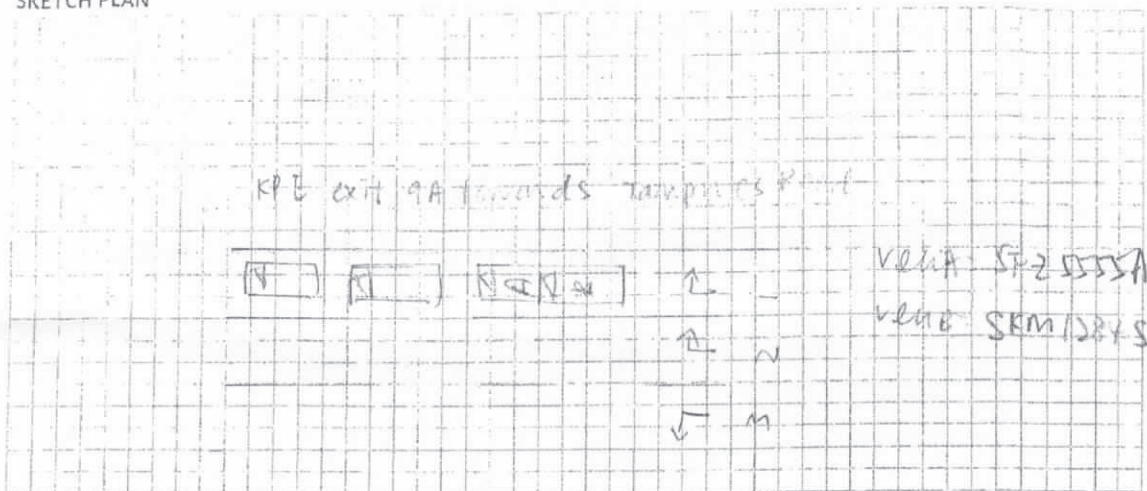
Was this injured conveyed to hospital by
ambulance?

Address

Postcode

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along KPE exit 9A towards Tampines Road on 11.04.2018 @ 0720 hrs. I was followed the vehicle in front of me to stop. Suddenly, I heard a bang sound and felt an impact from my rear. Vehicle B was involved onto rear portion of my vehicle.

DECLARATION

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

Severe
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

11/4/18 12.30 PM
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: