

MSME18098970 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 31/07/2018 16:11
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	31/07/2018 16:11
Date Of Accident	30/07/2018 17:55
Exact Location Of Accident	ALONG BRADDELL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW1234J
Insured/Policyholder	
Name Of Registered Owner	SUM KOK WEI
NRIC No	S9113482I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81280190
Alternative Phone No	OFFICE-81280190

Vehicle Particulars

Manufacturer	KIA
Model	K3
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V09494/VPC/R00
Cover Note Number	

Driver

Name of Driver	SUM KOK WEI
NRIC No	S9113482I
Date Of Birth	26/03/1991
Occupation	INDOOR
Date Of Driving Pass	12/05/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81280190
Fax Number	
Contact Number	OFFICE-81280190
Email Address	NOEMAIL

Address 10A BRADDELL HILL #18-01
 Postcode 579720
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 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) 2
 Passenger 1
 NAME: : CHEE
 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

ON 30/07/2018 AT 1754HRS, I WAS DRIVING VEHICLE A (SKW1234J) TRAVELLING ALONG BRADDELL ROAD. I WAS STUCK ON LANE 2, TRAFFIC WAS HEAVY. SUDDENLY, VEHICLE B (GV502U) WHICH WAS FROM BEHIND OF MY VEHICLE CANNOT MANAGED TO STOP IN TIME AND COLLIDED ONTO REAR OF MY VEHICLE CAUSING MY VEHICLE REAR PORTION BADLY DAMAGED.

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 GV502U
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver GOH NGONG POO
 NRIC/Passport Number
 Contact Number 93424335
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SUM KOK WEI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKW1234J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode