

MSME20019873 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 13/02/2020 13:24
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 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 Report	13/02/2020 13:24
Date Of Accident	12/02/2020 00:05
Exact Location Of Accident	PIE TWDS BKE (EXIT 24)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP4854M
Insured/Policyholder	
Name Of Registered Owner	ANG TIONG HONG
NRIC No	SXXXX141H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82450295
Alternative Phone No	OFFICE-82450295

Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900168951
Cover Note Number	

Driver

Name of Driver	ANG YEW KIAT
NRIC No	SXXXX248F
Date Of Birth	18/07/1995
Occupation	INDOOR
Date Of Driving Pass	28/05/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96264528
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 406 WOODLANDS ST 41 #08-20
Postcode	730406
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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: : NADIRA
	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

AT THE SAID LOCATION AND TIMING, I WAS TRAVELLING ALONG PIE. AS I WAS ENTERING THE BEND, VEHICLE B DID NOT FOLLOW SUIT AND CONTINUE MOVING STRAIGHT HENCE RESULTING IN HIM HITTING ONTO MY VEHICLE'S LEFT PORTION. WE EXCHANGED PARTICULARS AND LEFT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

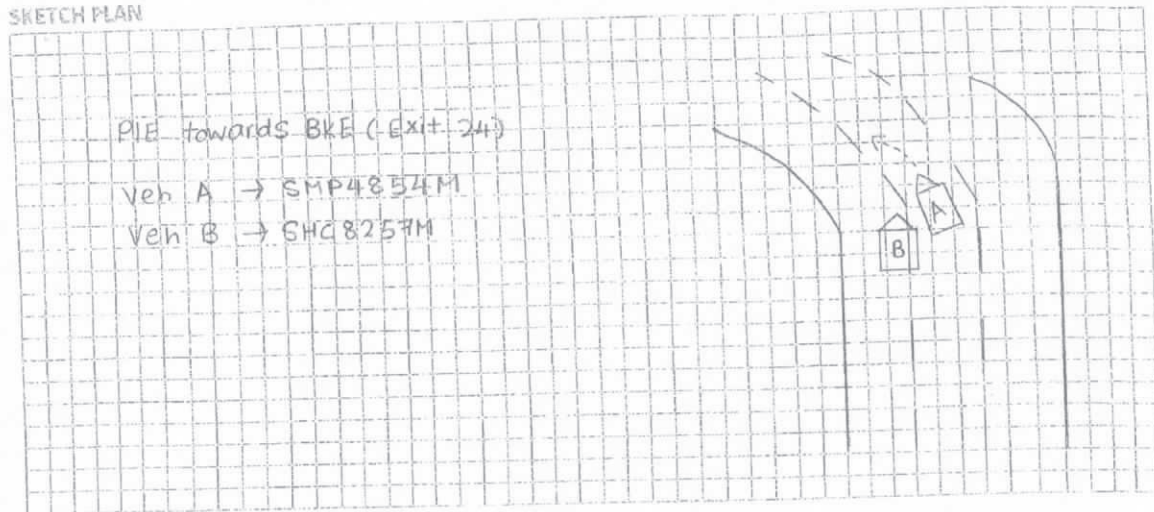
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8257M
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	MUSTAFA KAMAL BIN YAAKOP
NRIC/Passport Number	
Contact Number	82301053
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the said location and timing, I was travelling along PIE. As I was entering the bend, vehicle B did not follow suit ^{and continue moving straight} hence resulting in him hitting onto my vehicle's left portion. We exchanged particulars and left.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
UPIC/FIT No.: