

MSME20028385 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 04/03/2020 16:28
 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	04/03/2020 16:28
Date Of Accident	03/03/2020 17:20
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ2091S
Insured/Policyholder	
Name Of Registered Owner	HO PHIAK JOO VICTOR
NRIC No	SXXXX794H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90293736
Alternative Phone No	OFFICE-90293736

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA456277
Cover Note Number	

Driver

Name of Driver	HO PHIAK JOO VICTOR
NRIC No	SXXXX794H
Date Of Birth	20/08/1949
Occupation	OUTDOOR
Date Of Driving Pass	27/11/1969
Driving Experience	50 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90293736
Fax Number	
Contact Number	OFFICE-90293736
Email Address	NOEMAIL

Address BLK 321 SERANGOON AVE 2 #10-394
 Postcode 550321
 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 CHAIN COLLISION
 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 4
 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) 1

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 DRIVING ALONG PIE TOWARDS THE DIRECTION OF CHANGI AT A MODERATE SPEED. OUT OF SUDDEN, THE FRONT CAR JAMMED BRAKE. I IMMEDIATELY ALSO STOPPED MY CAR AND WITHIN SECONDS OF TIME, I FELT A LOUD BANG FROM MY REAR AND THE IMPACT FORCED MY CAR TO MOVE FORWARD AND COLLIDED ONTO CAR C (SMH9726J). WHEN I ALIGHTED FROM MY CAR, I REALISED IT WAS A CHAIN COLLISION INVOLVING 4 CARS (INCLUDING MY CAR).

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 SHA3351S
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category TAXI
 Name of Driver SIM TIAN HENG
 NRIC/Passport Number SXXXX132A
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

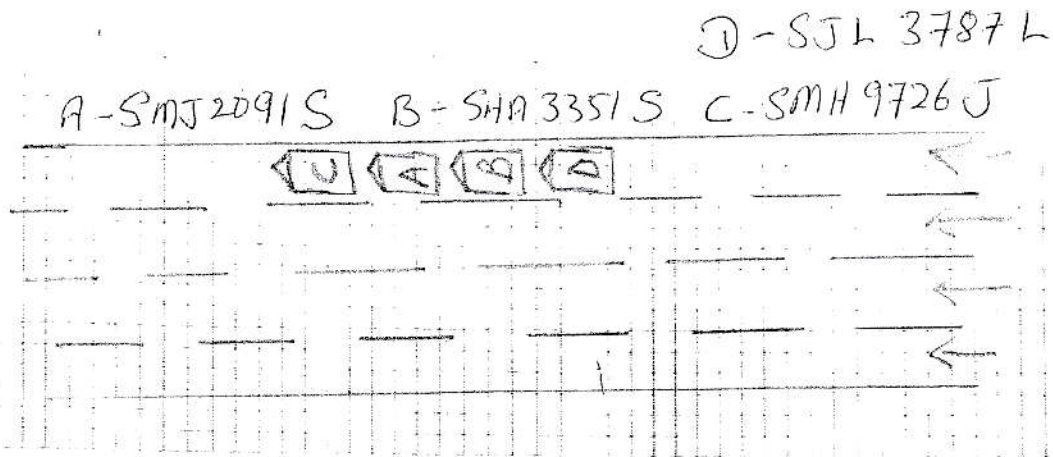
Vehicle Registration Number	SMH9726J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJL3787L
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE D
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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

I was driving along PIE towards the direction of Changi at a moderate speed. All of a sudden the front car jammed brake, I immediately also stopped my car and within seconds of time, I felt a loud bang from my rear and the impact ~~force~~ force my car to move forward and collided into car C (SMH 9726 J). When I alighted from my car, I realised it was a chain collision involving 4 cars (including my car.)

DECLARATION

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

[Signature]

Policyholder's Signature 4/3/2020

Date & Time: 4/3/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

4/4/20
15:35