

SS1Y21180008 / SVE MOTOR PTE LTD
ENTRY DATE & TIME: 08/01/2021 15:27 (SGT)
SUBMITTED BY: Chia Pe Ying
VERSION 1 (08/01/2021 15:27 (SGT))



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 willful 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 Submission	08/01/2021 15:27 (SGT)
Date of Accident	08/01/2021 09:14 (SGT)
Exact Location of Accident	Pereira Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5354U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PAINTOLEX TRADING
Company Reg No	5XXXX656E
Email Address	paintolex@gmail.com
Mobile Phone No	(Phone) +65-69700351
Alternative Phone No	(Office) +65-69700351

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Etika
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA008817
Cover Note Number	-

DRIVER

Name of Driver	SIM WEE KIAT
NRIC No	SXXXX364C
Date Of Birth	05/03/1988
Occupation	Outdoor



Date Of Driving Pass 10/06/2016
 Driving experience 4 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96775478
 Alt. Phone Number -
 Email Address wksim@witzstudio.com
 Address BLK 472 ANG MO KIO AVE 10 #13-864
 Address complement -
 Postcode 560472
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Employee
 Does Driver Own Other Vehicles? No
 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 Collision - Major/Minor Rd
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 2
 Was anybody injured in the Accident? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 1
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Traffic Police
 Police Station Phone No (Phone) +65-65470000
 Alt. Police Station Phone No (Fax) +65-65474900
 Police Station Address 10 Ubi Avenue 3 Singapore 408865
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210108/7008.

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 FBN209T
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Motorcycle
 Name of Driver -
 Contact Number -

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident - VEHICLE B
No. Of Passenger (Including Driver) -



SKETCH PLAN

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. The 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 lodgment 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.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

PAINTOLEX TRADING
484 Upper Serangoon Road
Singapore 534794

Policyholder's Signature

Date & Time: 8/1/2011

Driver's Signature

(If driver is not the policyholder)

Date & Time:

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop SBC AUTO via email / fax.

Signature: _____

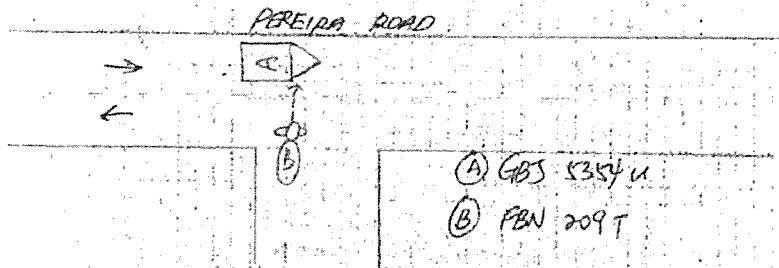
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

PAINTOLEX TRADING
284 Upper Serangoon Road
Singapore 534784

Policyholder's Signature

Date & Time:

8/1/21

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/IN No.:

SKETCH PLAN#1

etiqa

Insurance

INTERVIEW FORM

Name (Driver) : Sim UEN KIAN

Policy No : MA 008877

Vehicle No : GBJ 5354 U

Place of Accident : Pereira Road

Insured Driver's relationship with Insured : Employee

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 0

Injury to Insured and/or Insured driver, please indicate which hospital:
Rider Injured No

Third Party Vehicle No (if any) : FBM 209 T

No of passenger(s) in Third Party Vehicle : 0

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
Rider Injured

Type of collision and the extensiveness of the damages to all vehicles involved:
Head To Side

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
No

Traffic Police report (enclosed) : (Yes) / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) : [Signature]
 I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature) : _____
 Workshop Name: _____

Etiqa Insurance Berhad (Company Reg. No. 109700548)
 1 North Bridge Road, #08-01 High Street Centre, Singapore 179094
 T: +65 6336 0477 F: +65 6339 2109

Member of the **ETIQA GROUP**



**SINGAPORE
POLICE FORCE**



T/20210108/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210108/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2021 11:22	Vide Report No.: E/20210108/0053	Station Diary No.:
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Informant's Particulars

Name of Informant: SIM WEE KIAT			Address: 472 ANG MO KIO AVENUE 10 #13-864 SINGAPORE 560472		
ID Type / ID No.: NRIC NO / S8828364C			Contact No.: Home/Office: Mobile: 96775478		
Nationality: SINGAPORE CITIZEN			Email: WKSIM@WITZSTUDIO.COM		
Sex: Male	Age: 32	Date of Birth: 05/08/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Decorator and related worker (eg window dresser and set designer)			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/01/2021 09:14	Type of Location: Straight Road
Location: PEREIRA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ5354U	Van	NISSAN	NV200	Orange	Slightly Damaged	0
	Motorcycle			Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210108/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20210108/7008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM WEE KIAT	ID No.	S8828364C
Related Vehicle	GBJ5354U (Van)	Contact No.	96775478
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Rider			
Name	ROSMANI BIN JAMAN	ID No.	S6910121F
Related Vehicle	NIL	Contact No.	89512159
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was going straight, and the motorcycle came out from the building abruptly and i was not able to stop in time. around 50km/h. The motorcycle theres slight scratches at the side and my van right side dislodged bumper.



**SINGAPORE
POLICE FORCE**



T/20210108/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210108/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
QHAIRIL BIN ZULKEFLEE
Contact No.: 65476187

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/01/2021 11:22

Classification Of Case: