

SS1Y211F0009 / SME MOTOR PTE LTD  
 ENTRY DATE & TIME: 15/01/2021 14:30 (SGT)  
 SUBMITTED BY: Chia Pei Ying  
 VERSION: 1 (15/01/2021 14:30 (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 Authorized 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 ..... 15/01/2021 14:30 (SGT)  
 Date of Accident ..... 14/01/2021 07:50 (SGT)  
 Exact Location of Accident ..... KJE, Singapore  
 Additional Location Information ..... -  
 Country/State of Loss ..... Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC6707A

**INSURER/POLICY HOLDER**

Is company? ..... Yes  
 Name Of Registered Owner ..... JQ TRAVEL & TRANSPORT PTE LTD  
 Company Reg No ..... 2XXXXX904D  
 Email Address ..... info@jqtravelsg.com  
 Mobile Phone No ..... (Phone) +65-94559472  
 Alternative Phone No ..... +65-94559472

**VEHICLE PARTICULARS**

Manufacturer ..... Volvo  
 Model ..... B7r  
 Variant ..... -  
 Exact purpose for which vehicle was being used at time of accident ..... Private hire  
 Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
 Vehicle Category ..... Private car

**INSURANCE COMPANY**

Name of Insurance Company ..... Tokio Marine  
 Type of Coverage ..... Comprehensive  
 Fleet Policy ..... No  
 Policy Number ..... 20-MI001622-R03  
 Cover Note Number ..... -

**DRIVER**

Name of Driver ..... WANG MINGXUAN  
 Passport No/FIN ..... GXXXX229K  
 Date Of Birth ..... 26/11/1983  
 Occupation ..... Outdoor

Date Of Driving Pass ..... 30/05/2009  
 Driving experience ..... 11 YEARS AND 8 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-83837861  
 Alt. Phone Number ..... -  
 Email Address ..... info@jgtravelsg.com  
 Address ..... BLK 918 HOUGANG AVE 9 #05-34  
 Address complement ..... -  
 Postcode ..... 530918  
 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 ON THE ACCIDENT**

Type of Accident ..... Collision - Change/cross lane  
 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 PROSECUTION**

Was the accident reported to the police? ..... No  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

**CIRCUMSTANCES OF ACCIDENT**

I WAS DRIVING ALONG KJE TOWARDS BKE. IT WAS A MERGER LANE AND VEHICLE B (SKV9678P) FROM MY BUS (PC6707A) REAR RIGHT CUT INTO MY LANE AND HIT ONTO MY BUS (IN MY BUS MY AUDIO RECORDED THE ACCIDENT HAPPENED). VEHICLE B DRIVER CANT DRIVE OUT TOWARDS BKE BECAUSE OF A LORRY WAS ON THE BKE SO HE CUT INTO MY LANE AND ACCIDENT HAPPENED.

**EVIDENCE**

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Was there any audio recorded? ..... No

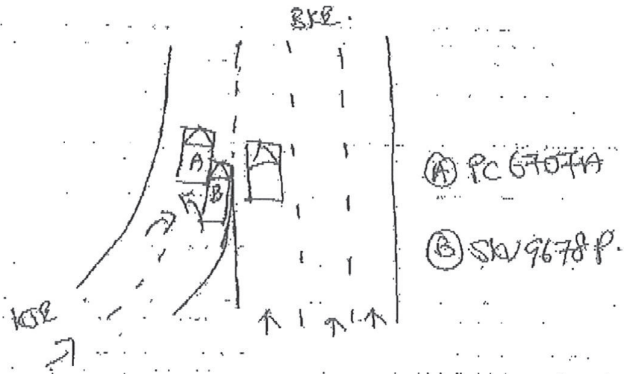
**DETAILS OF OTHER VEHICLE PROPERTY :**

Vehicle Registration Number ..... ~~PC6707A~~ SKV 9678P  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... ~~BUS~~  
 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 PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG KSE TOWARDS BKE. IT WAS A MARGINAL LAND AND VEHICLE (B) SKV 9678P FROM MY BUS PC 6707A BECAME RIGHT CUT INTO MY LANE AND HIT INTO MY BUS (IN MY BUS MY AUDIO RECORDED THE INCIDENT HAPPENED).

DRIVER B COULD NOT DRIVE CAUSE HE CAN'T DRIVE CUT TOWARD BKE BECAUSE OF A LORRY WAS ON THE BKE SO HE CUT INTO AND ACCIDENT HAPPENED.

DECLARATION

We declare the foregoing particulars are true in every respect.

Reporting Centre's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: