SS1Y213I0006 / SME MOTOR PTE LTD ENTRY CATE & TIME: 18/03/2021 14:02 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (18/03/2021 14:02 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

- Any false reporting may be referred to the Police for investigation.
 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.
 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	18/03/2021 14:02 (SGT)
Date of Accident	18/03/2021 09:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS BEFORE JALAN BAHAR EXIT
Country/State of Loss	Singapore

DETAILS O	F OWN VEHICLE
Vehicle Registration Number	SGV5648A
Maure Oreal Cyhol Der	
Is company?	No
Name Of Registered Owner	SEOW AIK HOE
NRIC No	SXXXX573B
Email Address	seowaikhoe@yahoo.com
Mobile Phone No	(Phone) +65-96220725
Alternative Phone No	+65-96220725
VEHICLE PARTICULARS: [
Manufacturer	Honda
Model	Jazz
Variant	
Exact purpose for which vehicle was being used at time of	
accident	Private use
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	AGI
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10190444R01
Cover Note Number	THE PARTY STATES
ORIVER	
Name of Driver	SEOW AIK HOE
NRIC No	SXXXX573B
Date Of Birth	21/01/1976

Indoor

Occupation

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	10/10/2002 18 YEARS AND 5 MONTHS Male (Phone) +65-96220725 +65-96220725 seowaikhoe@yahoo.com BLK 517 JELAPANG ROAD #07-195 - 670517 Yes - No
GENERAL INFORMATION OF THE ADDIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? OCTAUS OF POUCE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? I WAS TRAVELLING ALONG PIE TOWARDS TUAS BEFORE JASTOPPED. I FOLLOWED SUIT. MOMENTS LATER WHILE MY VEHICLE.	No 2 Yes No Yes 1 No No No No Ves ALAN BAHAR EXIT. VEHICLE AHEAD SLOWED DOWN AND VEHICLE WAS STILL STATIONARY, VEHICLE B REAR ENDED MY
RT1/K:/HMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address	GBJ6949Y Commercial vehicle

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

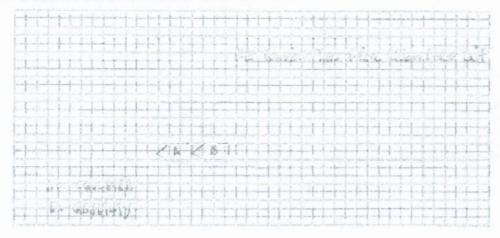
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SEOW AIK HOE
Address	
Address Complement	
Post Code	*
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	SGV5648A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN#2





DESCRIBE CIRCUMISTANCES OF THE ACCIDENT

WAS TRAVELLING ALONG PIE TOWARDS TUAS BEFORE JALAN BAHAR EX	IT.	
VEHICLE AHEAD SCOWED DOWN AND STOPPED, I FOLLOWED SUIT. MOMENT LATER WHILD MY VEHICLE WAS STILL STATIONARY, VEHICLE 2 REAR ENDED AS VEHICLE.		

DECLARATION

If We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Cale & Time:

Driver's Signature

(4 street a notice percentiles)

Drock Time:

Reporting Centre Persoonel's Signatura

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