SS1Y NG000E / SME MOTOR PTE LTD ENTR YDATE & TIME: 16/04/2021 17:12 (SGT) SUBM ITED BY: Chia Pei Ying VERS 10k: 1 (16/04/2021 17:12 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Pleas Scieport 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. Infor Philon provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy I i ability.

A. 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 felse 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 \mathfrak{t} opies of this report will, for a fee, be made available upon application by interested parties.

7. By the bdgement 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

16/04/2021 17:12 (SGT) 16/04/2021 11:45 (SGT) Joo Koon Way, Singapore JUNCTION JOO KOON CIRCLE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SFT280G

INSUREDIPOLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No

Alternative Phone No

Yes

DAI-CHI MANAGEMENT SYSTEMS (S) PTE LTD

1XXXXX596W

mugitaro@dai-chi.com.sg (Phone) +65-98214998

+65-98214998

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Mercedes C180

Employment

No - Claiming third party

Private car Auto 1595

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

No

1800002296-03

DRIVER

Name of Driver NRIC No

MICHAEL PEK HONG PHENG

SXXXX407Z

Date Of Birth 11/11/1967 Occupation Indoor 03/11/1986 Date Of Driving Pass

34 YEARS AND 5 MONTHS Driving experience

Gender Mobile Number

Alt. Phone Number Email Address mugitaro@dai-chi.com.sg

(Phone) +65-98214998

Address BLK 74 MARINE DRIVE #13-43 Address complement

Postcode 440074 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other

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

Collision - Major/Minor Rd Type of Accident

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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

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 JUNCTION OF JOO KOON WAY AND JOO KOON CIRC ON 16/04/2021 AT 1145HRS. I WAS DRIVING STRAIGHT ALONG MY WAY. SUDDENLY, VEHICLE B WENT OUT FROM JOO KOON CIRCLE AND COLLIDED ONTO FRONT LEFT PORTION OF MY VEHICLE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SGK8880H Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category STANLEY NG Name of Driver Contact Number

(Phone) +65-97526356

Addr ess

Addr ess complement

Post Code

Nature of Damage

Insurance Company Name

Details of property damaged in accident No. Of Passenger (Including Driver) VEHICLE B

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THE PERSON

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Separate Central Personal Services

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