

SS1Y214G000E / SME MOTOR PTE LTD
ENTRY DATE & TIME: 16/04/2021 17:12 (SGT)
SUBMITTED BY: Chia Pei Ying
VERSION: 1 (16/04/2021 17:12 (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 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 Submission	16/04/2021 17:12 (SGT)
Date of Accident	16/04/2021 11:45 (SGT)
Exact Location of Accident	Joo Koon Way, Singapore
Additional Location Information	JUNCTION JOO KOON CIRCLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFT280G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DAI-CHI MANAGEMENT SYSTEMS (S) PTE LTD
Company Reg No	1XXXXX596W
Email Address	mugitaro@dai-chi.com.sg
Mobile Phone No	(Phone) +65-98214998
Alternative Phone No	+65-98214998

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800002296-03
Cover Note Number	-

DRIVER

Name of Driver	MICHAEL PEK HONG PHENG
NRIC No	SXXXX407Z

Date Of Birth	11/11/1967
Occupation	Indoor
Date Of Driving Pass	03/11/1986
Driving experience	34 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98214998
Alt. Phone Number	-
Email Address	mugitaro@dai-chi.com.sg
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

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?	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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK8880H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	STANLEY NG
Contact Number	(Phone) +65-97526356

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

SKETCH PLAN #2

5-6-16-17-18-19

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STUDENT SYSTEM

