

SS1Y21540005 / SME MOTOR PTE LTD
 ENTRY DATE & TIME: 04/05/2021 15:29 (SGT)
 SUBMITTED BY: Chia Pei Ying
 VERSION: 1 (04/05/2021 15:29 (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	04/05/2021 15:29 (SGT)
Date of Accident	03/05/2021 14:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8083H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STATIONERY WORLD(S) PTE LTD
Company Reg No	SXXXXXX932D
Email Address	zephchan96@gmail.com
Mobile Phone No	(Phone) +65-97540918
Alternative Phone No	+65-97540918

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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
Transmission	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	M0005038
Cover Note Number	-

DRIVER

Name of Driver	YEO KHEE TONG
NRIC No	SXXXX875Z

Date Of Birth	28/05/1954
Occupation	Indoor
Date Of Driving Pass	20/06/1972
Driving experience	48 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97540918
Alt. Phone Number	-
Email Address	zephchan96@gmail.com
Address	BLK 103 ANG MO KIO AVE 3 #08-1467
Address complement	-
Postcode	560103
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 - Head to Rear
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 TRAVELLING ALONG PIE TOWARDS CHANGI. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR ENDED MY VEHICLE.

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	GBH7644E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

IMPORTANT NOTICE

1. Please report correctly the name of the accident and/or the driver.
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 wilful misrepresentation or falsification of essential facts may allow the insurer to repudiate the policy and/or deny a claim.
4. The issue and acceptance of this form by insurance companies is not an admission of liability or the payment of any benefits.
5. Any false information may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the issuance of this report to the insurers, you hereby consent to the release of this report to third parties who may be involved in the investigation of the accident.
8. Consent under the Personal Data Protection Act (PDPA).

I understand, acknowledge, agree and consent that:

- (a) My insurer, my insurers and the General Insurance Association of Singapore ("GIAS") may be permitted to collect, use, disclose and/or process my personal information (including but not limited to my name, address, contact details, date of birth, gender, occupation, etc.) and any other personal information provided by me or possessed by my insurers (collectively the "Personal Information") and disclose and transfer such Personal Information to all third parties involved in the investigation of the accident (all third parties who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers", the Insurers' Insurers, etc.) and the Insurers' Insurers, etc. for the purpose(s) of:
 - (i) conducting an investigation relating to 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 my insurer dealing with my instructions or responding to any enquiries by me;
 - (iv) facilitating the claims handling process, including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to third parties for the delivery of the services and/or the payment of claims and/or for other purposes;
 - (v) facilitating the claims handling process, including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to third parties for the delivery of the services and/or the payment of claims and/or for other purposes;
- (b) All third parties who have insured vehicles involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above purposes.
- (c) My Personal Information may be disclosed by any of the Insurers' Insurers, etc. to third parties who have insured vehicles involved in this accident and the Insurers' Insurers, etc. for one or more of the above purposes.
- (d) My Personal Information will be processed and controlled solely for the purpose(s) listed above, in connection with management in present and all future claims.
- (e) The Personal Information will be disclosed and/or processed for the purpose(s) listed above.
- (f) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (g) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (h) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (i) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (j) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (k) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (l) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (m) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (n) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (o) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (p) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (q) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (r) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (s) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (t) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (u) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (v) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (w) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (x) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (y) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.
- (z) My Personal Information will be disclosed and/or processed for the purpose(s) listed above, in connection with management in present and all future claims.



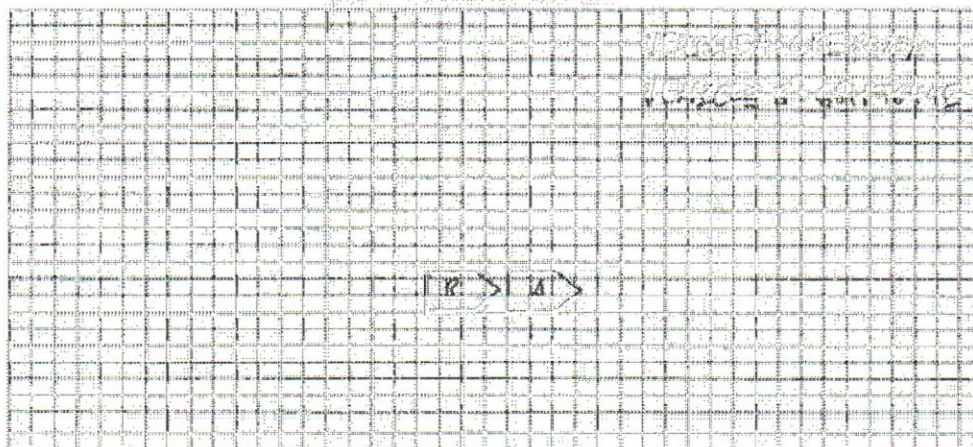
(If driver is not the policyholder)
Signature
Date

Signature of General Insurance Association of Singapore
Name
Date

SKETCH PLAN #2

SKETCH PLAN:

PTE TO MAKE SURE




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE.

DECLARATION

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


Policyholder's Signature
Date & Time:


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


Reporting Officer's Signature
Name:
RUC / PIR No:

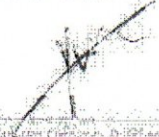
SKETCH PLAN #3



INTERVIEW FORM

Name (Driver): YEO KHEE TONG
 Policy No: 100005028
 Vehicle No: GBE8083H
 Place of Accident: 110 TND5 CANNEL
 Insured Driver's relationship with Insured: EMPLOYEE
 Date of Issuing of Insured and/or Insured Driver: NO
 Date of moving into or leaving vehicle: 0
 Injury to Insured and/or Insured Driver, please indicate with a criminal: NIL
 Third Party Vehicle No (if any): GBH044E
 No of passenger(s) in Third Party Vehicle: —
 Injury to Third Party driver and/or passenger(s), please indicate with a criminal: —
 Type of collision and the extensiveness of the damages to all vehicles involved: HEAD TO HEAD
 Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the photograph): —
 Traffic Police report (checked): YES / NO

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


 I, YEO KHEE TONG, do hereby declare that the information given is true to my best knowledge



Witnessed by (Name of Signature):

Witnessed Name:

ETICA Insurance Company Ltd. Singapore Branch
 1 North Bridge Road, 28th-30th Floor, Singapore 078283
 Tel: 6733 8888 Fax: 6733 8889

Authorised Signature: YEO KHEE TONG