

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

1. Please report correctly the details of the accident to your broker or the relevant authority.
2. This Form must be completed by the Policyholder and/or the Authorised Person.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or falsification of circumstances may affect any benefit payable to you or to the policy beneficiary.
4. The issue and acceptance of this Form by insurance companies is not an admission of liability by the insurer for the insured's loss or damage.
5. Any false information may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers to the UK Government. The relevant Government Department will follow the report and inform the Application of Stamp Duty and/or excising and best copies of this report will for a fee be made available upon application by interested parties.
7. By the completion of this report to the insurers, you hereby consent to the inclusion of this report in the insurers' records and the report being made available to relevant authorities.
8. Consents under the Insurance Data Protection Act 2017.

14.1 My insurers, my superannuation and the General Insurance Association of Singapore ("GIA") may have permission to collect, store, disclose and/or use my personal information for the purposes of underwriting, rating, issuing, administering, managing, settling and/or otherwise processing my insurance policy. I hereby agree that any other personal information provided by me or possessed by my insurers (collectively the "Personal Information") and disclosed under heading 14.1 shall be the property of my insurers and shall be used for the purposes of underwriting, rating, issuing, administering, managing, settling and/or otherwise processing my insurance policy. The Personal Information and disclosure under heading 14.1 with interest involved in this incident shall be collectively referred to as the "Insurance". The Insurance involves the use of the Personal Information and disclosure under heading 14.1 for the purposes of underwriting, rating, issuing, administering, managing, settling and/or otherwise processing my insurance policy. I hereby agree that the use of the Personal Information and disclosure under heading 14.1 for the purposes of underwriting, rating, issuing, administering, managing, settling and/or otherwise processing my insurance policy is necessary for the purposes of the Insurance.

On February 22, 1968, the following regulations, laws and executive orders

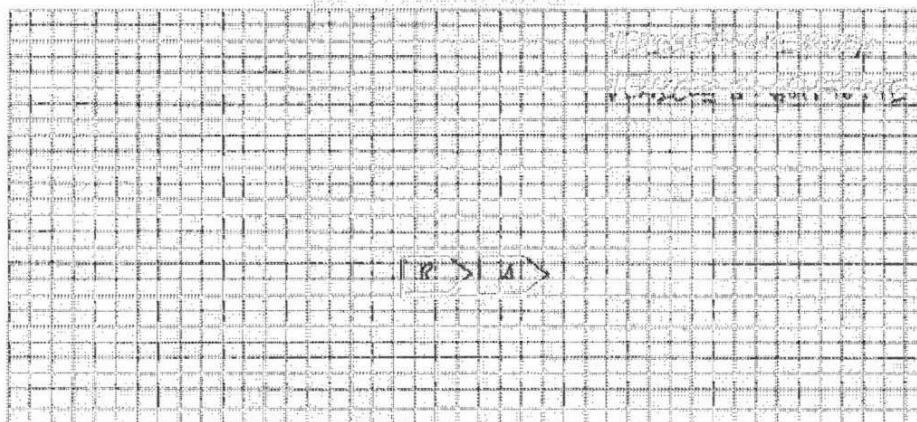
(the driver is not the policymaker)

**Name:**

SKETCH PLAN #2

## SKETCH PLAN:

DTE TO ROAD CURVE



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARDS CHANGL 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 &amp; Time:-



Driver's Signature

(if driver is not the policyholder)

Date &amp; Time:-

Reporting Centre Person's Signature

Name:-

WPR / PPL No:-