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

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> by the Policyholder and/or the Authorised Driver

3. 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.

- 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

Is company?

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 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

No - Claiming third party your vehicle?

Vehicle Category Private car Transmission Auto

2488

INSURANCE COMPANY

Name of Insurance Company Etiga Insurance Pte Ltd

Type of Coverage Comprehensive Fleet Policy

Policy Number M0005038 Cover Note Number

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 Is the driver the policyholder?	560103 No.
If No, Relationship of the Driver with the Insured	No Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
Torrido Tograda a Tarrido de Carros C	
Insurance Company of Other Vehicle Owned by Driver	·
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	
Road Surface	Clear .
Nodo Suriace	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)	N.
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 LEGIT OWED SUIT
MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONA	
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ATTACHMENT(S)	
737721112732	
Are assident photos quallable for attachment?	V
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No No
was tricle any addio 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

- 3. Please report correctly the needs of the productive special of the delegandents.
- 2 They form must be completed by the Policyholder and/or the Authorities Original
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- 6. The report will be forwarious by the become of the day or much Manager and Lentine in Miller by the Opposition of the day frequesting of chigagines (specified excurring and that copies of this report will for a fee he made available each application by
- 2. By the tengenees of this report to the discrers, you becall remons to the archiver of the parties to the tender to the parties to the tender of
- 8. Consent under the forceso" Dica Presentan Act (PDPA)
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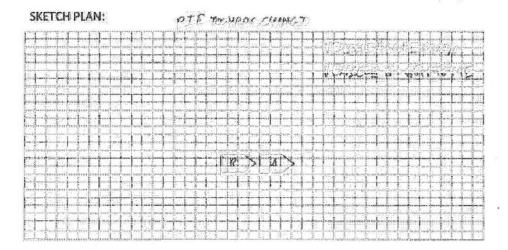
(S) ACT

(M driver is not the policytique)

Supering Course Forest Section Committee

CHEST CONTRACTOR

SKETCH PLAN#2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DOWN AND STOPPED. I FOLLOWED SUIT, MOMENTS LATER, WHILE MY VEHICLE WAS STELL STATIONARY, VEHICLE B REAR ENDED MY VEHICLE.								
				Photo:	1741			
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DECLARATION

If We declare the lose joing particulars are true in every respect.

Collecto Months Signature

Differs Signature (# drivens not the policyholder) Date 8 Firms: Reporting Control Personnel's Signature
Name:

MORTE MES