SS1Y21640003 / SME MOTOR PTE LTD ENTRY DATE & TIME: 04/06/2021 13:52 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (04/06/2021 13:52 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

 2. Any false meeting may be referred to the Delice for in meetingian.

- The issue and acceptance of this Form by insurance companies is not an admission of policy flability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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	04/06/2021 13:52 (SGT)
Date of Accident	04/06/2021 10:45 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TWDS PIE (BEFORE PIE CHANGI EXIT)
Country/State of Loss	Singapore

DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SLX3767H
INSURED/POLICYHOLDER	MENTEN RATES NEGOTA RATES NEGOTA RATES NATURAL PROPERTY NATURA PROP
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No TAMILARASU S/O SUBRAMANIAM SXXXX052A harekris76@yahoo.com.sg (Phone) +65-81892390 +65-81892390
VEHICLE PARTICULARS	MARIANE CANADAN MARIAN GARANE MARIANE ESCRIPTION MARIANE ESCRIPTION MARIANE MARIANE ESCRIPTION MARIANE MARIANE MARIANE MARIANE
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of	Toyota Harrier
accident Are you claiming under your own insurance policy for repair to your vehicle?	Private use No - Claiming third party
Vehicle Category Transmission CC	Private car Auto 2000
INSURANCE COMPANY	CONT. 1 CONTACT CREATED ACCOUNT FOREIGN CONTROL SECTION CONTROL CONTRO
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	Auto & General Insurance (Singapore) Pte. Limited. Comprehensive No P10212955R02
DRIVER WINDS I DESCRIPT HOUSE DESCRIPTION OF THE PROPERTY OF T	RECORDS CONTROL PROPERTY OF STREET, ST
Name of Driver	TAMILARASU S/O SUBRAMANIAM SXXXX052A

Date Of Birth 01/10/1976 Occupation Date Of Driving Pass 29/12/2011 Driving experience 9 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-81892390 Alt. Phone Number +65-81892390 Email Address harekris76@yahoo.com.sg Address BLK 754 WOODLANDS CIRCLE #10-558 Address complement Postcode 731754 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver proved and bridge taken being being their being being being being GENERAL INFORMATION OF THE ACCIDENT control de la comercial de la Type of Accident Chain Collision Weather Conditions Road Surface Wet SECURE ORDERED COMPANY REPORTS OFFICE DEPOSIT PROPERTY DESCRIPTION OF THE PROPERTY OF THE PROP season monthly arrange tolling account Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name T. KENISHASREE Gender Male AND THE PROPERTY OF THE PARTY O DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? strational accounts completel associate highlings account themselve accounts preference CIRCUMSTANCES OF ACCIDENT ON 04/06/2021 AT ABOUT 10.45AM, I WAS TRAVELLING ALONG BKE TOWARDS PIE (BEFORE PIE CHANGI EXIT), I WAS TRAVELLING STRAIGHT. SUDDENLY, I FELT AN IMPACT FROM MY REAR. FEW SECONDS LATER, I FELT ANOTHER IMPACT FROM MY REAR. I WAS INVOLVED IN A 3 VEHICLES CHAIN COLLISION. restricted grounder program the control of the cont NO REPORT OF THE PARTY OF THE P Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	*
Address	-
Address complement	
Postcode	-
Insurance Company Name	(= 2)
Nature Of Damage	2
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKZ7143H
Vehicle Manufacturer	2
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	-
Contact Number	
Address	
Address complement	
Postcode	1.07 1.00
Insurance Company Name	•
Nature Of Damage	/c=0
	•
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

Name of injured person	TAMILARASU S/O SUBRAMANIAM
Address	- The state of the
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	SLX3767H
Were seat belts wom?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	T. KENISHASREE
Address	-
Address Complement	2
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	CI VOZCZI I
Were seat belts worn?	SLX3767H

Was this injured conveyed to hospital by ambulance?

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SKETCH PLAN

IMPORTANT NOTICE

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- 2 This form that he completed by the Policyholder and/or the Authorised Driver
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- . Any false reporting may be referred to the Police for investigation.
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- 8 Consent under the Personal Data Protection Act (PDPA)
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- to the production of the first of the form of the production of the first of the country of the first of the
- (v) consisting with applicable law in administrate processing handling and/or dealing with my others (collectively the "Purposes"):
- (b) all insurers to the have insured vehicles i decised in this accreen and the lacuners from process my force percented to collect use, disclose endior process my Porseen for major for one of none of the above Happeses, and
- (c) my thersonal information analysis in the disclosed by any of the bisurers limiter QA to their third party service provinces or agents viscously their law yets daw terms), which may translatiouslate at Singapore, for one or more of the grove Purposes.

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