

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.
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	04/06/2021 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	
Is company?	No
Name Of Registered Owner	TAMILARASU S/O SUBRAMANIAM
NRIC No	SXXXX052A
Email Address	harekris76@yahoo.com.sg
Mobile Phone No	(Phone) +65-81892390
Alternative Phone No	+65-81892390

VEHICLE PARTICULARS	
Manufacturer	Toyota
Model	Harrier
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	2000

INSURANCE COMPANY	
Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10212955R02
Cover Note Number	-

DRIVER	
Name of Driver	TAMILARASU S/O SUBRAMANIAM
NRIC No	SXXXX052A

Date Of Birth	01/10/1976
Occupation	Indoor
Date Of Driving Pass	29/12/2011
Driving experience	9 YEARS AND 6 MONTHS
Gender	Male
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	-

## GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

## OTHER INFORMATION

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

## PASSENGER 1

Name	T. KENISHASREE
Gender	Male

## 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

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.

## 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	SDP250M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

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

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	TAMILARASU S/O SUBRAMANIAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLX3767H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## INJURED 2

Name of injured person	T. KENISHASREE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLX3767H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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