SS1Y216O0005 / SME MOTOR PTE LTD ENTRY DATE & TIME: 24/06/2021 13:32 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (24/06/2021 13:32 (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 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 Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

24/06/2021 13:32 (SGT) 23/06/2021 17:45 (SGT)

AYE, Singapore

TWDS CHANGI (AFTER CLEMENTI AVE 6)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLD9581S

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

LAM PUI CHI SXXXX686G

keith.kgoh@gmail.com (Phone) +65-83667982

+65-83667982

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

BMW

216d

Private use

No - Claiming third party

Private car Auto

1600

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

Auto & General Insurance (Singapore) Pte. Limited.

Comprehensive

No

P10180735R01

DRIVER

Name of Driver NRIC No

GOH JIH HUEI SXXXX346C



Accident report SS1Y216O0005

Page 1 of 15

Date Of Birth 06/01/1979 Occupation Indoor Date Of Driving Pass 01/02/2000 Driving experience 21 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-93223931 Alt. Phone Number Email Address keith.kgoh@gmail.com Address BLK 10 HAIG ROAD #06-365 Address complement Postcode 430010 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

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?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Joo Chiat Neighbourhood Police Post

(Phone) +65-18003459999

(Fax) +65-64474181

267 Onan Road Singapore 424773

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210623/2097.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSLF732YVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate car

Name of Driver	VISHNU CHANDRAN
Contact Number	•
Address	-
Address complement	4
Postcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH JIH HUEI
Address	-
Address Complement	12
Post Code	143
Approximate Age Years Old	14
Injuries Sustained	
Injured person in which vehicle?	SLD9581S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as truthful and accurate as possible. Any wilful inscrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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
- The report will be forwarded by the insurers of the GM 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.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers law yers/law firms, the Monotary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
- (i) processing, handling and/or dealing with 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 and/or dealing with my instructions or responding to any enquiries by me.
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages), and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date 8
Time

Driver's Signature (If driver is not the policyholder) / Date
8 Time

Sketch Plan

A: 910 95918

B: S1F 732 Y

FASTECH

Describe Circumstances of the Accident

15.025 15.351 30 JM	e police report (T/20210623	(2097)
	1	
aration		
declare the foregoing particular	s are true in every respect	
research the ranging per result	o die tide it every respect.	
	Medica	
	1 11/10/	
W	/ ////	
/4 holder's Signature / Date &	Driver's Signature (If driver is not the policyhol	ider) / Date Witnessed by Reporting Centre





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

General Information of the Accident

1 of 3 Report No. T/20210623/2097

REPORT	OF A TRAFFI	CACCIDENT				
Date/Time Report Made: 23/06/2021 18:38			Vide Report No.:	Station Diary No. 52		
Informa	nt's Partic	ulars				
Name of Informant: GOH JIH HUEI			Address: APT BLK 10 HAIG ROAD #06-365 SINGAPORE 430010			
ID Type / ID No.: NRIC NO / S7901346C			Contact No.: Home/Office:	Mobile: 93223931		
Nationality: SINGAPORE CITIZEN		EN.	Email:			
Sex: Male	Age:	Date of Birth: 06/01/1979	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Building architect			Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident:	Others	Drink Drive: No	Date/Time of Accident: 23/06/2021 17:45	Type of Location: Straight Road
Location: AYER RAJAH	EXPRESSWAY			
Weather: Clear		Road Surface: Dry	R	load Speed Limit:
Traffic Flow: One Way		Т	raffic Volume:	
Type of Collis Between Mov	ion: ing Vehicles - Head T	o Rear		nyone conveyed by mbulance: o

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SLD9581S	Car	BMW			Slightly Damaged	0
SLF732Y	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



L/20210623/2097

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999 2 of 3 Report No. T/20210623/2097

CONTINUATION OF REPORT

Driver							
Name	GOH JIH HUEI			ID No	4	S7901346C	
Related Vehicle	SLD9581S (Car)			Conta	ct No.	93223931	
Hospital/Clinic	NIL		Class Drivin Licens Expiry	g	Class: 2B,3 Date of Expiry	NIL	
Date Treatment	NIL Date Disc		Date Disc	harge	NIL		
			Degree of		NIL		
Driver	CPANIE CONTRACTOR						
Name	VISHNU CHANDRAN			ID No		S9174177F	2
Related Vehicle	SLF732Y (Car)			Conta	ct No.	90685737	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry	NIL
Date Treatment	NIL Date D			harge	NIL		
No. of Days granted Medical Leave NIL			Degree of	ee of Injury NIL			

Brief Details.

On the 23 June 2021 at about 1745hrs, I was driving along AYE expressway. As I was driving, there was a chain collision involving 3 vehicles in front of me. I immediately jammed break to avoid getting into the collision with the other 3 vehicles, however, the vehicle (SLF732Y) behind me could not stop in time and as a result, his front collided with my vehicle's rear bumper. I have an in-car camera at the back of my vehicle which was recording during the time of the accident.

There were no injuries sustained from the other driver and me. We exchanged particulars and left the scene.



Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999



3 of 3

Report No. T/20210623/2097

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 ANDREZ TEO YU WEI	Signature Of Informant:			
Signature Of Interpreter: Not applicable	Date/Time: 23/06/2021 18:38			
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:			
Authentication Stamp NP168	d-			