

SS1Y217E000G / SME MOTOR PTE LTD  
 ENTRY DATE & TIME: 14/07/2021 16:09 (SGT)  
 SUBMITTED BY: Chia Pei Ying  
 VERSION: 1 (14/07/2021 16:09 (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	14/07/2021 16:09 (SGT)
Date of Accident	13/07/2021 16:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS NEAR ALJUNIED FLYOVER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ3356C

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHARTWORTH ENTERPRISE SINGAPORE PTE LTD
Company Reg No	1XXXXX426K
Email Address	skysoh@chartworth.sg
Mobile Phone No	(Phone) +65-91462085
Alternative Phone No	(Office) +65-62644919

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	TFS87JSR
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1898

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5111618471-01-000013
Cover Note Number	-

#### DRIVER

Name of Driver	S MANI S/O R SANGARAN
NRIC No	SXXXX657A



Date Of Birth	04/09/1953
Occupation	Outdoor
Date Of Driving Pass	31/12/1990
Driving experience	30 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91462085
Alt. Phone Number	-
Email Address	skysoh@chartworth.sg
Address	BLK 673C JURONG WEST ST 65 #02-40
Address complement	-
Postcode	643673
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	DRIZZLING
Road Surface	Wet

## 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 vehicle 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 (TUAS) NEAR ALJUNIED FLYOVER. VEHICLE AHEAD FILTERED INTO MY LANE. I SLOWED DOWN TO ALLOW THE VEHICLE AHEAD TO PERFORM THIS ACTION. MOMENTS LATER, 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	GBK1761Z
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**

1. Please report promptly third party claims to the police for the purpose of the above purposes.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be truthful and accurate as possible. Any willful misrepresentation over holding of material facts may allow insurance companies to repudiate policy liability.
4. This Form is developed in order to help workshop companies to get an indication of policy liability on the part of the insureds' workshop.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the members of the GIC Roadside Assistance 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 filing a report of this report (my insurer), you hereby consent to the handling of this report at the address and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
  - (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) in this Form and for other purposes for the purpose of my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) and/or insurer(s) (collectively the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agencies/authority (including the police), for the purpose 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) providing evidence (including evidence of surveillance, statements, findings, reports, documents, etc.) in legal proceedings; disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelope/suit packaging, and/or;
    - (v) complying with applicable law in administrative proceedings, handling and/or dealing with my claims (collectively the "Purposes");
  - (b) all insurer(s) who have shared with me (i) involved in this accident and the Insurers' lawyers/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) all Personal Information may be disclosed by any of the Insurers' lawyers/law firms to third party agents, providers of services (including their lawyers/law firms), which may be filed outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time	 Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre (Print Name)
Sketch Plan: <b>VECTURA NEAR ALYNITE FLYOVER</b>		
<div style="text-align: right;"> <del>1-6833865</del>  <b>A: 68J3396C</b>  <b>B: 68K1761Z</b> </div>		



RyPER AUTO

SKETCH PLAN #2

## Describe Circumstances of the Accident

I WAS TRAVELLING ALONG PIE (TJAS) NEAR ALJUNIED FLYOVER. VEHICLE AHEAD  
 FILTERED INTO MY LANE. I SLOWED DOWN TO ALLOW THE VEHICLE AHEAD TO  
 PERFORM THIS ACTION. MOMENTS LATER, VEHICLE B REAR-ENDED MY VEHICLE.

## Declaration

I hereby declare the foregoing particulars are true to every respect.

If you wish to claim under your own policy, please be advised that your insurer may have a deadline (7/14 days) to make a claim. The claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
 Signature of Driver A  
 Name

  
 Signature of Driver B  
 Name

  
 Signature of Witness  
 Name