SS1Y22290005 / SME MOTOR PTE LTD ENTRY DATE & TIME: 09/02/2022 13:10 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (09/02/2022 13:10 (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

09/02/2022 13:10 (SGT) 29/01/2022 16:30 (SGT) CTE, Singapore BEFORE LENTOR EXIT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKE1497L

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

ONG CHUN FONG

S2610295B

boonsim@singnet.com.sg (Phone) +65-91130295

+65-91130295

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

Suzuki Swift

Private use

No - Claiming third party

EQ Insurance Company Ltd

Private car Auto

1600

No

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

DRIVER

Name of Driver NRIC No

BANDY TJOA S9577897F

Comprehensive

DMPPHQ21-003775



Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PRIOR TO THIS ACCIDENT, MY VEHICLE WAS HIT ON THE REAR. AS SUCH, I SHIFT MY VEHICLE ONTO THE SIDE WHICH ROAD WORK WAS ON GOING. OUT OF THE SUDDEN, VEHICLE B REVERSE AND HIT ONTO MY VEHICLE FRONT PORTION. WE MANAGED TO EXCHANGE DETAILS AND LEFT.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes No

06/05/1995

29/08/2019

2 YEARS AND 5 MONTHS

(Phone) +65-83288570

bandychua@gmail.com

Collision - Head to Rear

BLK 474 SEGAR ROAD #06-306

Indoor

670474

SON-IN-LAW

Nο

No

Clear

Dry

No

No

Yes

2

No

No

No

Female

BOON FAN XUAN

2

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

YQ9111T

Accident report SS1Y22290005

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Vehicle Colour Vehicle Category Name of Driver Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

_

Commercial vehicle

-

(Phone) +65-96250237

-

-

-

-

VEHICLE B

-

SKETCH PLAN

IMPORTANT NOTICE

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Consent under the Personal Data Protection Aci (PDPA)

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