

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 Actual 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 First Submission	05/07/2024 11:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/07/2024 15:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Left turn sliproad, after CTE exit to Yio Chu Kang Road towards Thomson Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA9896B
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG JUN MING (HUANG JUNMING)
NRIC No	S8618576H
Email Address	junmingwong147@gmail.com
Mobile Phone No	(Phone) +65-97854683
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	A4 2.0 TFSI S TRONIC
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210081351-02

DRIVER

Name of Driver	WONG SHI YUN (WANG SHIYUN)
NRIC No	S8846699C
Date Of Birth	22/11/1988

Occupation	Indoor
Driving Pass Date	25/08/2007
Driving experience	16 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97854683
Alt. Phone Number	-
Email Address	junmingwong147@gmail.com
Address	70 SHENTON WAY
Address complement	EON SHENTON 31-07
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OTHER
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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

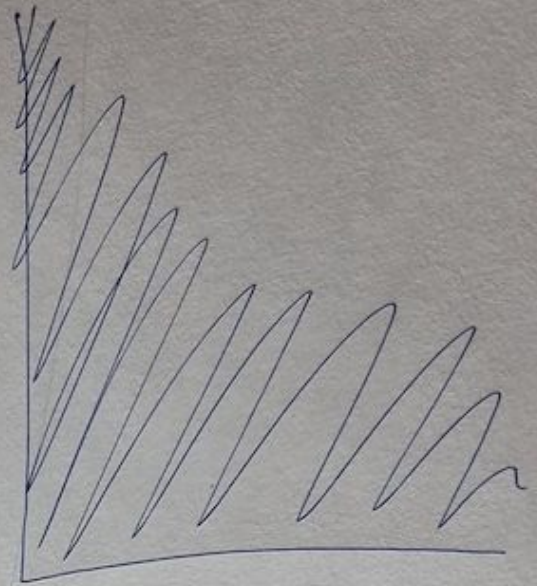
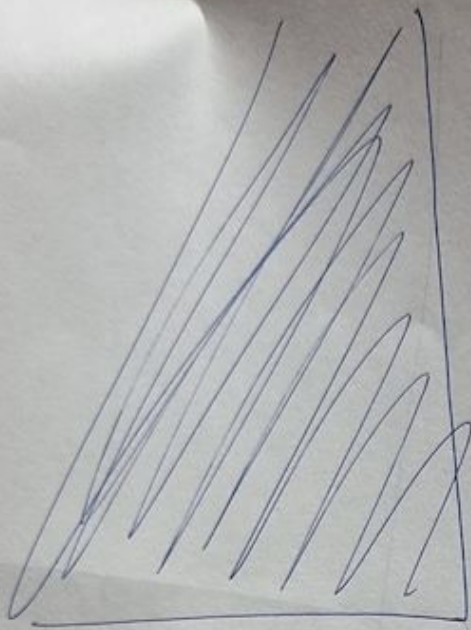
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

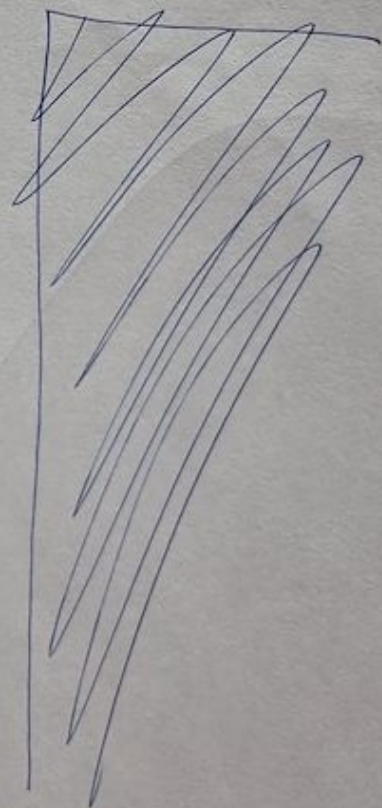
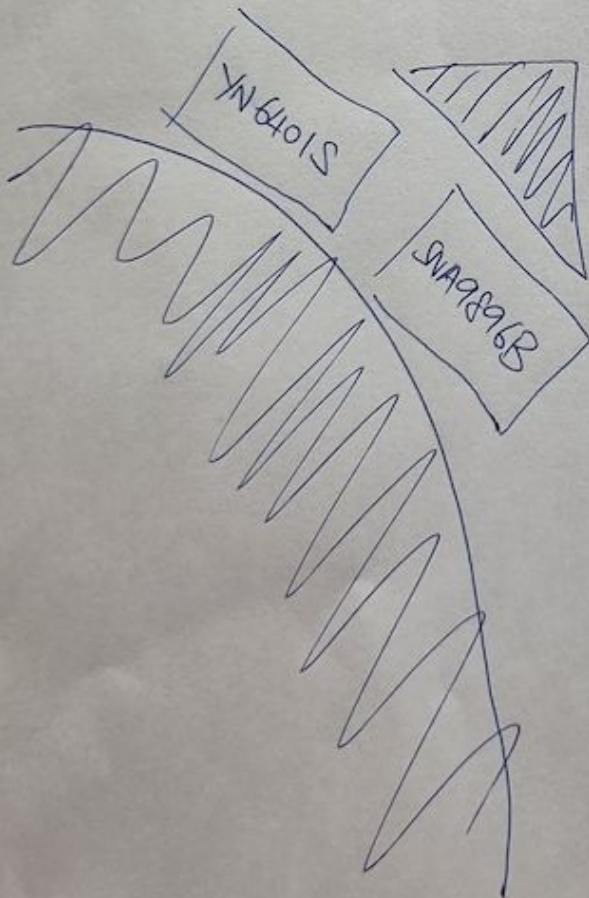
Our car collided with YS6401S whilst left turning onto Yio Chu Kang Road via a slip roadOur car collided with YS6401S whilst left turning onto Yio Chu Kang Road via a slip road

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No



Yio Chu kang Road











GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA0124750002 Vehicle Registration No: SNA9896B
 Name (as shown in NRIC) : Wong Jun Ming NRIC/FIN/Passport No : S8618576H
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 54 Lentor Green, Singapore 789297 Singapore ()
 Contact (Tel) : +65 9785 4683 Mobile No. : +65 9785 4683
 Email Address : junmingwong147@gmail.com
 Date of Accident : 4 July 2024 Time of Accident : 3.10pm SGT
 Place of Accident : Left turn slip road, after CTE exit to Yio Chu Kang Road towards Thomson Road
 Insurance Company : AIG Asia Pacific Insurance Pte. Ltd.

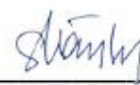
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to make an own-damage claim on my policy



Policyholder / Driver's Signature
 Date: 17 July 2024



Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: