

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 Report	22/12/2019 15:55
Date Of Accident	21/12/2019 18:55
Exact Location Of Accident	FILTER LANE FROM PIE TOWARD CTE (CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN6885H
Insured/Policyholder	
Name Of Registered Owner	HAPPE INTERIOR & DESIGN
Co Reg No	53225092C
Email Address	CHOOYIH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91015103
Alternative Phone No	Office-91015103

Vehicle Particulars

Manufacturer	AUDI
Model	Q2/ Q2 SPORT 1.0 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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800053167-01
Cover Note Number	

Driver

Name of Driver	ONG CHOO YIH
NRIC No	G6335955L
Date Of Birth	17/05/1988
Occupation	INDOOR
Date Of Driving Pass	10/03/2016
Driving Experience	3 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-82223466
Fax Number	
Contact Number	
E-Mail Address	CHOOYIH@GMAIL.COM
Address	416 SAUJANA ROAD #02-54
Postcode	670416
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

was raining and heavy traffic I braked the car but the car didnt stop in time and collide with the car in front

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	SLK1780A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



Accident Photo



Identification Card



Identification Card



Driving License



Driving License

