

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	07/02/2020 09:49
Date Of Accident	06/02/2020 09:00
Exact Location Of Accident	KPE TOWARDS ECP 8.4KM AT LANE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK608J
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	CHEN YIQIANG, GARY
NRIC No	SXXXX688C
Email Address	GARY83@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-97519577
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER-2.0 I-L CVT AWD SR (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL / LEISURE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	1800099991-01
Cover Note Number	

Driver

Name of Driver	CHEN YIQIANG, GARY
NRIC No	SXXXX688C
Date Of Birth	24/03/1983
Occupation	INDOOR
Date Of Driving Pass	12/08/2003
Driving Experience	16 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97519577
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	GARY83@LIVE.COM.SG
Address	60 EDGEDALE PLAINS #17-18
Postcode	828729
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	5
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : 1 Gender: : Female

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO THE ATTACHED DOCUMENTS AND VIDEO FOOTAGE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDV843X
Vehicle Make/Model/Colour	HONDA JAZZ
Details Of Properties	REAR PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	LIM YEOK LENG DOREEN

NRIC/Passport Number
Contact Number

SXXXX425E
87211196

Address

Postcode

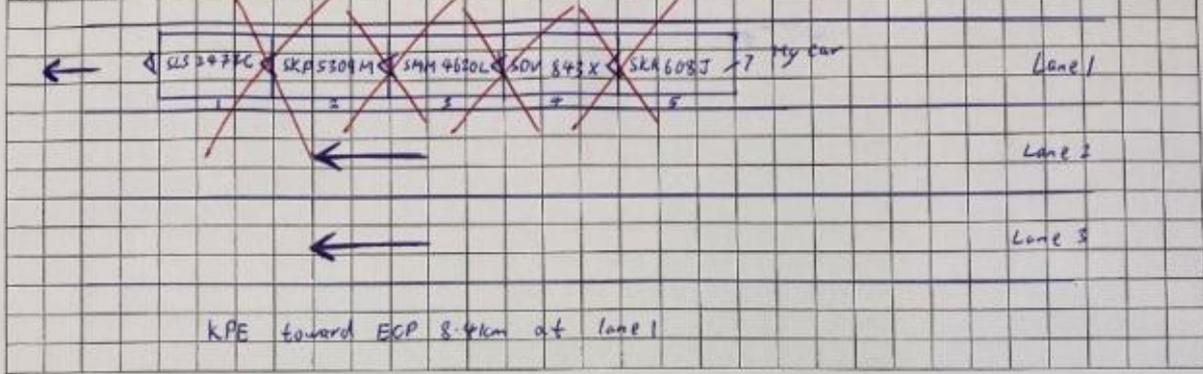
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06 Feb 2020, around 0930 hr. My car, SKK608J, meet with a 5-vehicle collision along KPE toward ECP 8.4km at lane 1.

During the accident, my car cannot stop in time when the car in front of me meet with an accident. I Jam brake once i notice the car in front of me meet with an accident, but my car cannot stop in time.

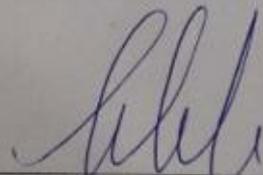
* No body was conveyed to hospital during the accident.

DECLARATION

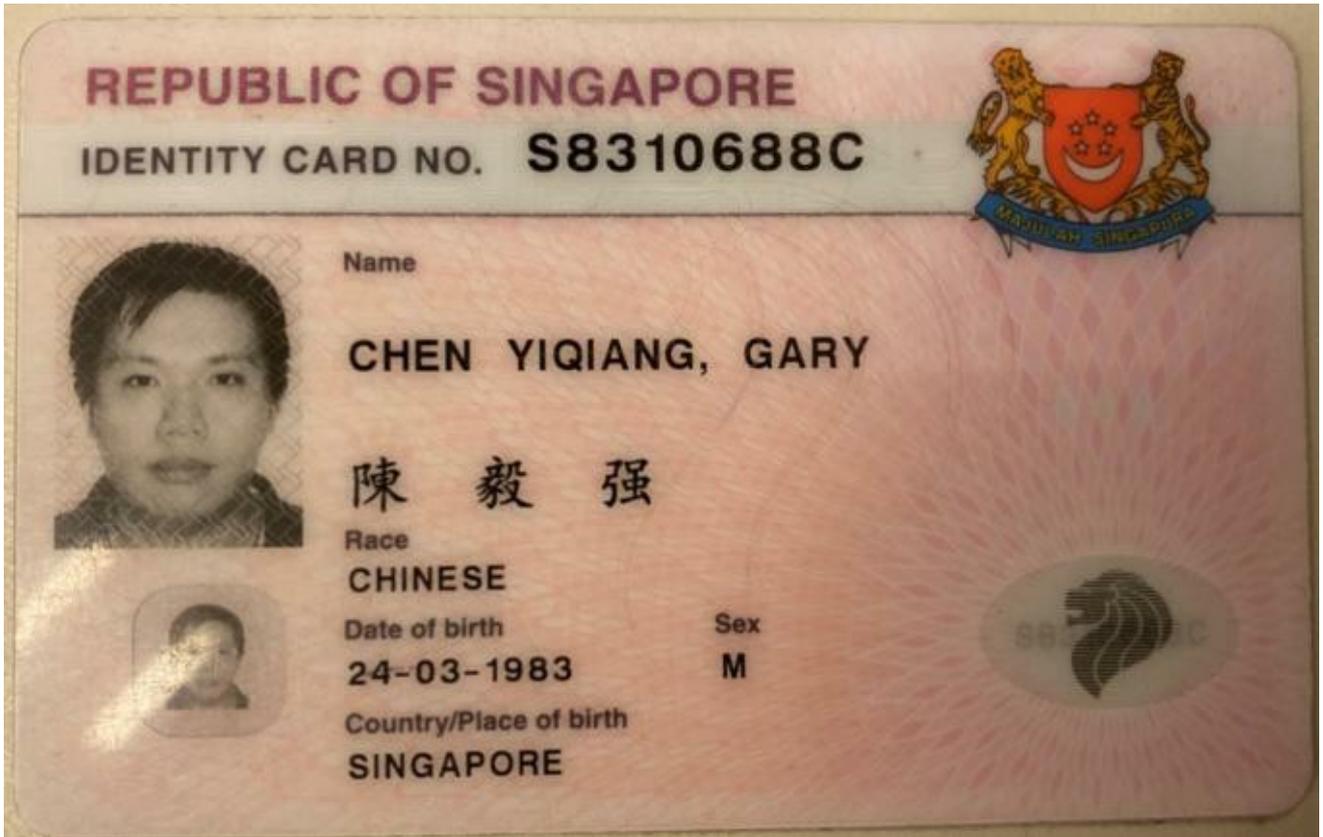
I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time: 06/02/2020
 1155

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


 Reporting Centre Personnel's Signature
 Name: DANIEL JUDE
 NRIC/FIN NO.: SXXXX518D

Identification Card



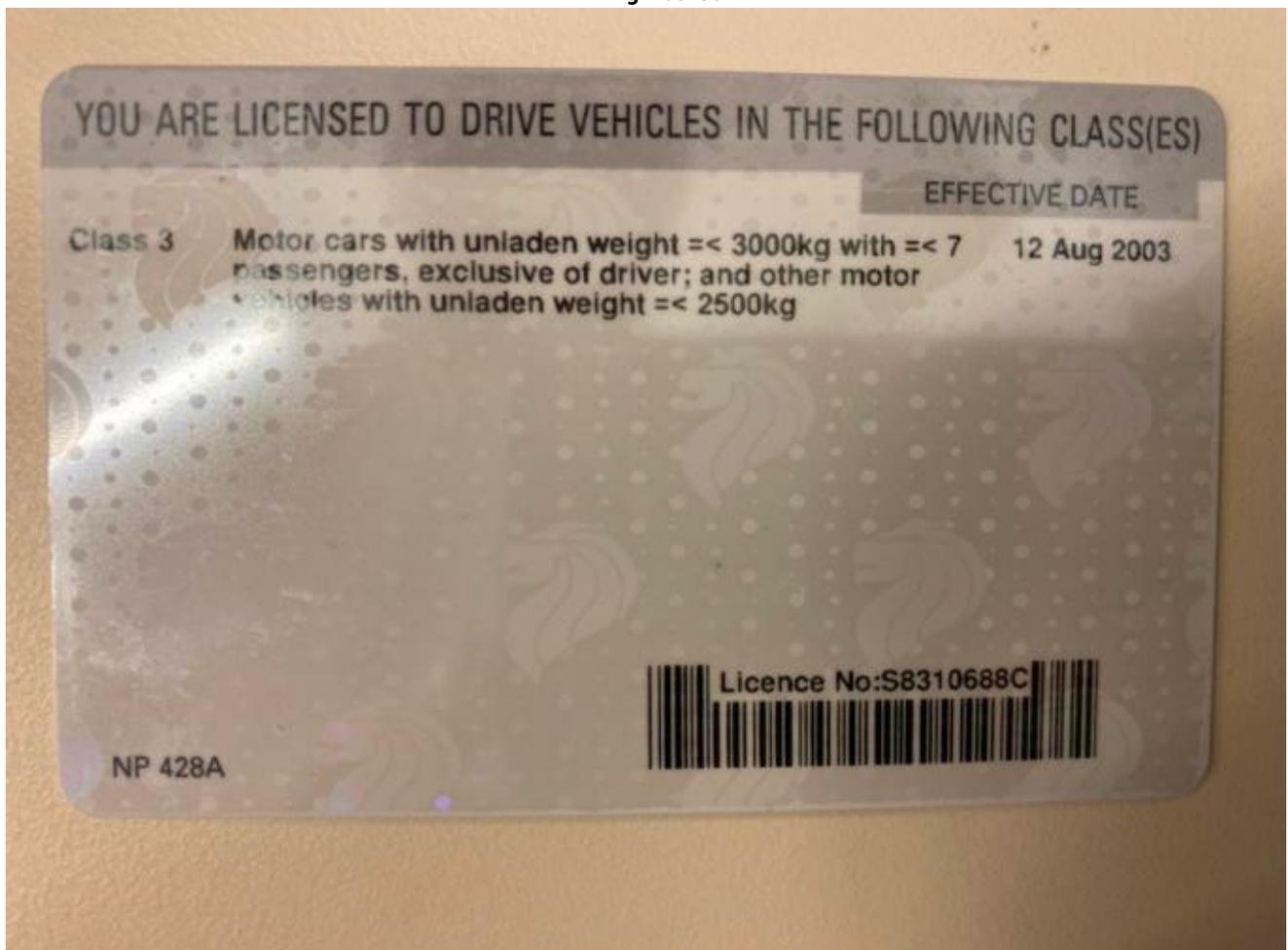
Identification Card



Driving License



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



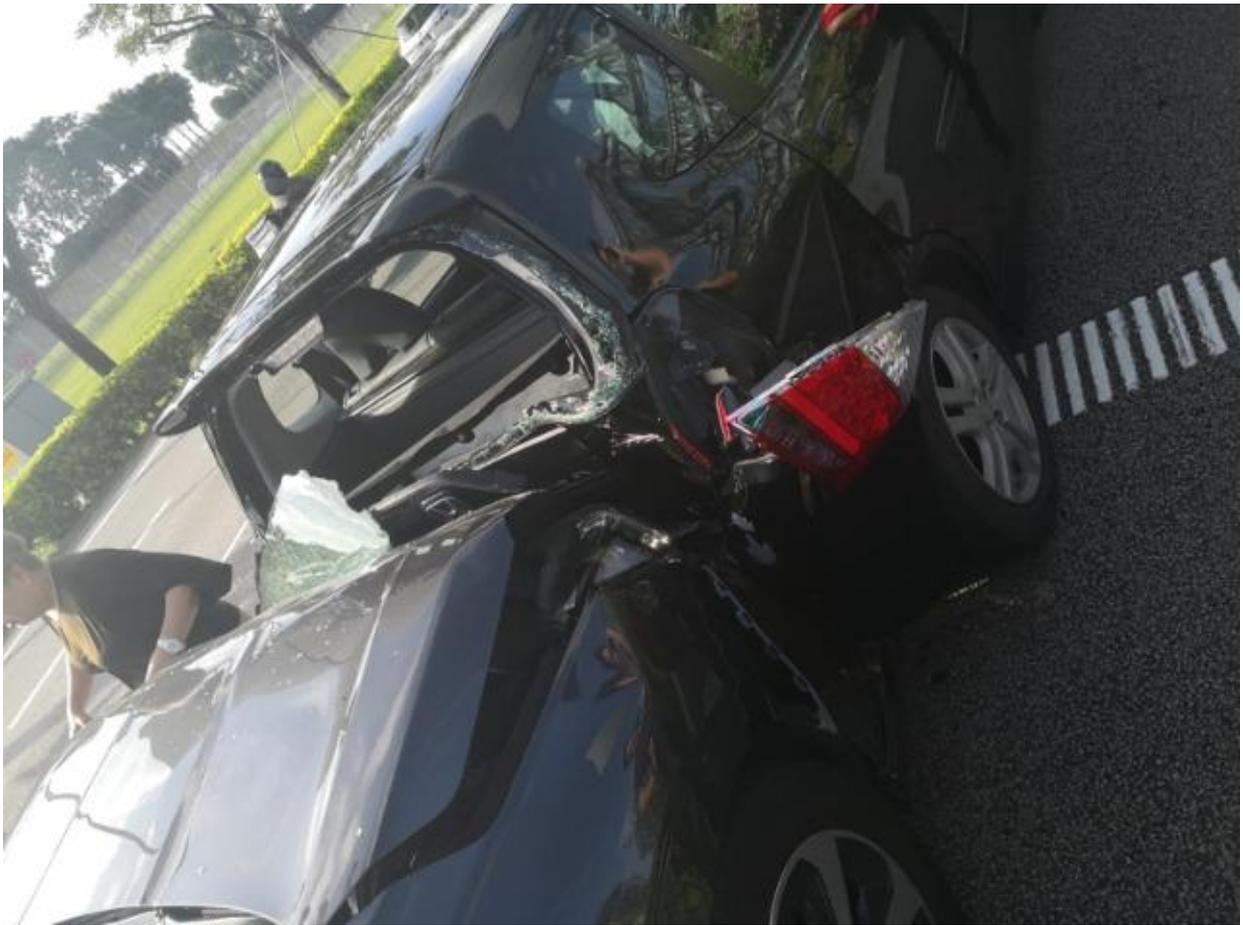
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

