

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	01/04/2020 13:49
Date Of Accident	31/03/2020 18:40
Exact Location Of Accident	SLE TOWARDS CHANGI AIRPORT NEAR THE EXIT OF WOOD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE1811K
Insured/Policyholder	
Name Of Registered Owner	MS CRYSTAL GOH SHIYUN
NRIC No	S9128100G
Email Address	CRYSGOGGLE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81007898
Alternative Phone No	Office-81007898

Vehicle Particulars

Manufacturer	MAZDA
Model	2-1.5 HATCHBACK (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	
Cover Note Number	

Driver

Name of Driver	MS CRYSTAL GOH SHIYUN
NRIC No	S9128100G
Date Of Birth	06/08/1991
Occupation	INDOOR
Date Of Driving Pass	10/05/2016
Driving Experience	3 YEARS AND 10 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-81007898
Fax Number	
Contact Number	OFFICE-81007898
EMail Address	CRYSGOGGLE@GMAIL.COM
Address	BLK 69 CHOA CHU KANG LOOP #08-09
Postcode	689672
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	COLLISION - HEAD TO REAR
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	2
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)	1

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

REFER TO SKETCH PLAN

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	SGBB1637Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SAKTHIV
NRIC/Passport Number	
Contact Number	83081846

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- (ii) for complying with requirements under any regulations, laws or court orders.

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO.:

ACCIDENT DATE: 31/3/2020	CONTACT NO.: 81007878
ACCIDENT TIME: 1843	EMAIL: crysaggle@gmail.com
LOCATION: SLG, towards Changi, near exit at Woodlands Ave 12.	
On the above date, time and location, I rear ended vehicle GBB1637Y. As it was peak hour traffic, I glanced up to check my rear view mirror and thought that I had already placed my foot on the brake pedal. Turns out that I did not, and the my vehicle move forwards and hit GBB1637Y in the rear. There were no injuries or police called down to scene, we moved our vehicles to a slip road, exchanged contact details and my vehicle was subsequently towed away.	

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO

SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY

FOR MORE INFO. PLEASE STATE: ☒ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY

DECLARATION

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

☐ REPORTING ONLY

Policyholder's Signature
Date & Time: 1/4/2020

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1/4/2020

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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