

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	06/04/2020 18:59
Date Of Accident	06/04/2020 14:00
Exact Location Of Accident	JUNCTION OF BUANGKOK GREEN & HOUGANG ST 51
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ED47K
Insured/Policyholder	
Name Of Registered Owner	MR LEONG JIN CHIEW
NRIC No	S7030002H
Email Address	JINCHIEWLEONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96911020
Alternative Phone No	Office-96911020

Vehicle Particulars

Manufacturer	MAZDA
Model	6-2.0 V STANDARD (GJ) (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	NG EILEEN
NRIC No	S7246246G
Date Of Birth	06/12/1972
Occupation	INDOOR
Date Of Driving Pass	28/08/1991
Driving Experience	28 YEARS AND 7 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-81805635
Fax Number	
Contact Number	
E-Mail Address	EILEENNG.LEONG@GMAIL.COM
Address	178 BISHAN STREET 13 #06-211
Postcode	570178
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML3788Z
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUTHU AMIRTHRAJ
NRIC/Passport Number	S8171293Z
Contact Number	81123017

Address

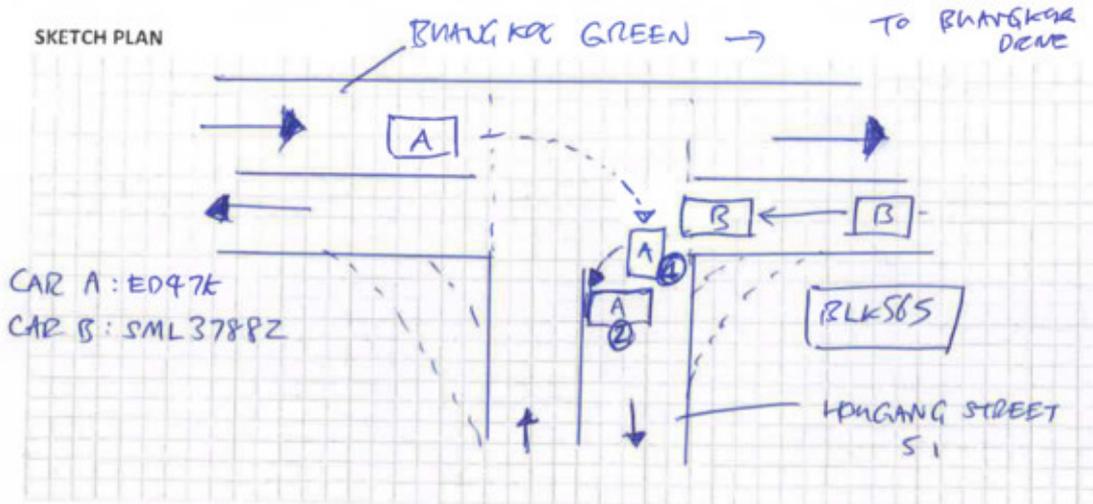
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



CAR A: ED47K
 CAR B: SML378PZ

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT LICENSE PLATE NO.:

ACCIDENT DATE: 2 pm 6 April 2020 CONTACT NO.:

ACCIDENT TIME: 2pm EMAIL:

LOCATION: Junction of Bungkot Green and Hongang St S1.

I was driving along Bungkot Green and was going to turn right into Hongang St S1. The light was green and I checked for traffic and it was clear. As I was turning right into Hongang St S1, I had almost crossed the junction when I felt my car getting hit from the rear. My car spun and came to a stop. I then realised my car left side air bag had been deployed. When I got out to check, I could see that the left side rear part of my car had been hit by another car. From what I could see, a black Hyundai had hit the left hand rear door of my car and my rear left door was crushed in. My car could not start after that and the left rear door was badly damaged and could not be opened.

My car is CAR A: ED47K. The other car is Car B: SML378PZ

① Car B hit Car A.
 ② Car A spun and came to a stop sideways

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: [Signature] Date & Time:

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

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

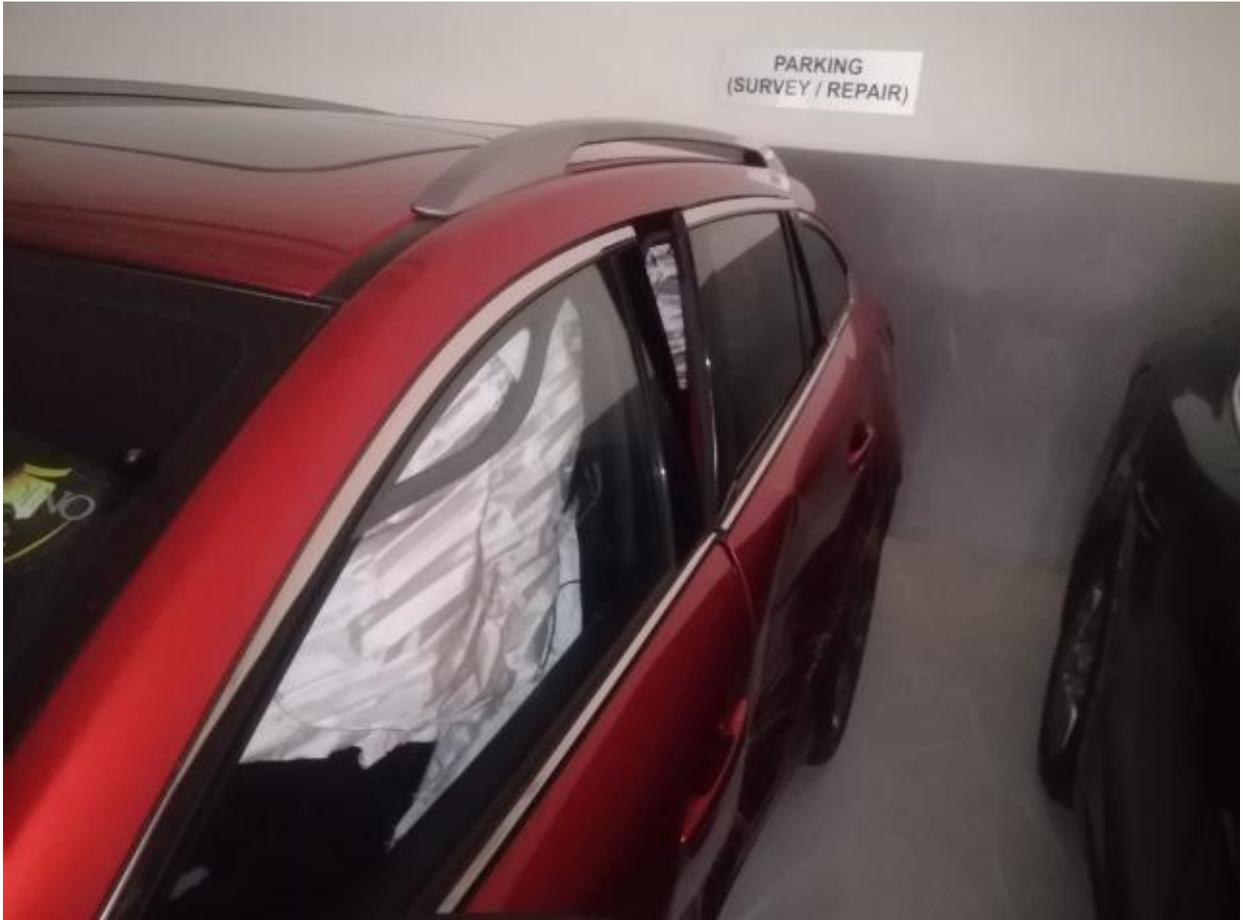
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