

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	12/08/2020 16:58
Date Of Accident	11/08/2020 16:30
Exact Location Of Accident	PIE (CHANGI) AFTER EXIT 4B
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7827Y
Insured/Policyholder	
Name Of Registered Owner	MS YEO HWEE BIN
NRIC No	S7026790Z
Email Address	EVEYE01@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96228178
Alternative Phone No	Office-96228178

Vehicle Particulars

Manufacturer	MAZDA
Model	5-2.0 SKYACTIV SP (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	LEOW WEN YU, ERWIN
NRIC No	S9922700A
Date Of Birth	22/07/1999
Occupation	INDOOR
Date Of Driving Pass	14/03/2019
Driving Experience	1 YEAR AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-93835462
Fax Number	
Contact Number	
E-Mail Address	ERWINXG6@GMAIL.COM
Address	9 SIGLAP AVE SOUTH
Postcode	456269
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : SHARLEEN KUAH 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

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	YM777H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AREVARLAGAN S/O SUBRAMANIAM

NRIC/Passport Number
Contact Number

S1714197Z
93398154

Address

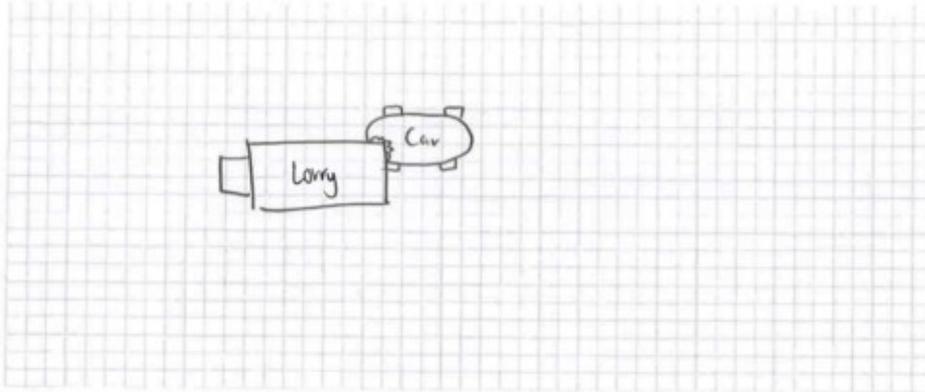
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO.: SLW 78274

ACCIDENT DATE: 11/08/2020

CONTACT NO.: 93835462

ACCIDENT TIME: 16:30

EMAIL: erwinxg6@gmail.com

LOCATION: PIE (Changi) after exit 4B

lost control of vehicle, bumper hit into the back of lorry when changing lane.

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

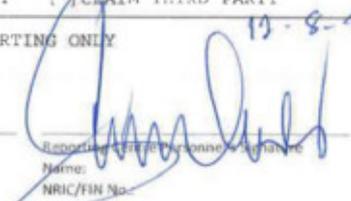
DECLARATION

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

REPORTING ONLY

Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time: 12/8 107


Reporting Officer's Signature
Name:
NRIC/FIN No.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



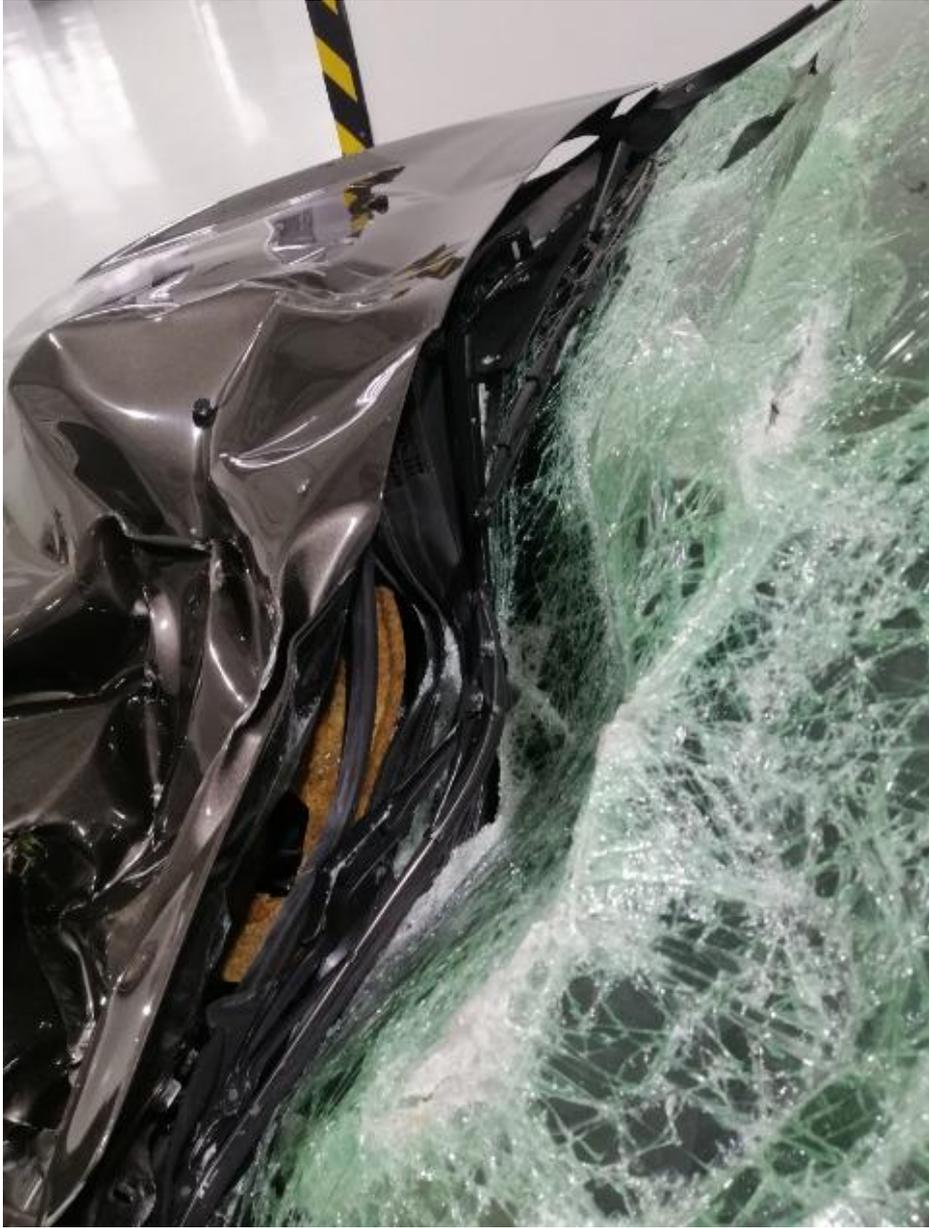
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