

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	12/09/2020 16:50
Date Of Accident	12/09/2020 13:45
Exact Location Of Accident	KAMPONG JAVA FLYOVER BEFORE MOULMEIN RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG1341T
Insured/Policyholder	
Name Of Registered Owner	TAN BOON HWEE
NRIC No	SXXXX406D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97985854
Alternative Phone No	OFFICE-97985854

Vehicle Particulars

Manufacturer	BMW
Model	118I AT ABS D/AIRBAG 2WD HID 5DR
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	1900234879
Cover Note Number	

Driver

Name of Driver	TAN BOON HWEE
NRIC No	SXXXX406D
Date Of Birth	28/05/1988
Occupation	INDOOR
Date Of Driving Pass	09/12/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97985854
Fax Number	
Contact Number	OFFICE-97985854
EEmail Address	NOEMAIL

Address	BLK 117A JALAN TENTERAM #30-501
Postcode	321117
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	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?	YES
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)	3
Passenger 1	NAME: : LENUS CHOO POH YEE GENDER: : FEMALE
Passenger 2	NAME: : LYSHIA TAN HUI XIN 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 STATEMENT.

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	GV7988E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN BOON HWEE

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SMG1341T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LENUS CHOO POH YEE

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SMG1341T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name LYSHIA TAN HUI XIN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SMG1341T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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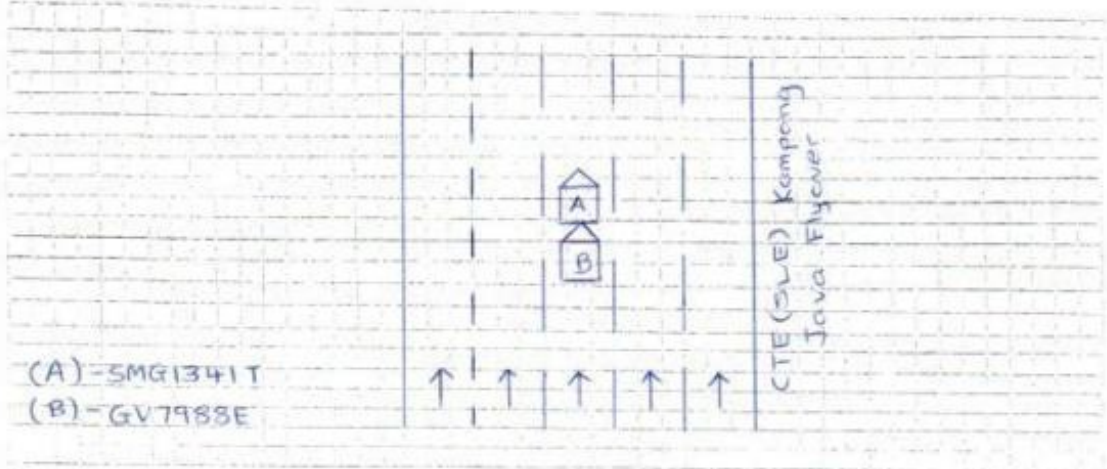
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(1) I acknowledge my work and the General Insurance Association of Singapore ("GIA") have permitted to publish my, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer said Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident; all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"; the Insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:


 President
 The White House
 Washington, D.C. 20503

Accident Sketch Plan

SKETCH PLAN




STATEMENT OF FACTS

On the 12/09/2020 @ about 1345HRS, at along CTE (SLE) before Moulmein Road Exit I was travelling on Lane 3 on Kampong Java Flyover of the above mentioned expressway. When my front vehicle slowed down and stop due to heavy traffic, hence I followed suit. After I have come to a complete stop, I suddenly felt a huge impact from the rear, when I alighted I realised that it was Vehicle (B) which hit into the rear portion of my Vehicle (A), causing damages to my Vehicle. I have 2 other passengers in my vehicle.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I hereby declare that the above facts are true and correct.


Policyholder's Signature
Date & Time:

Signature of Driver


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


Reporting Officer's Signature
Date & Time:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



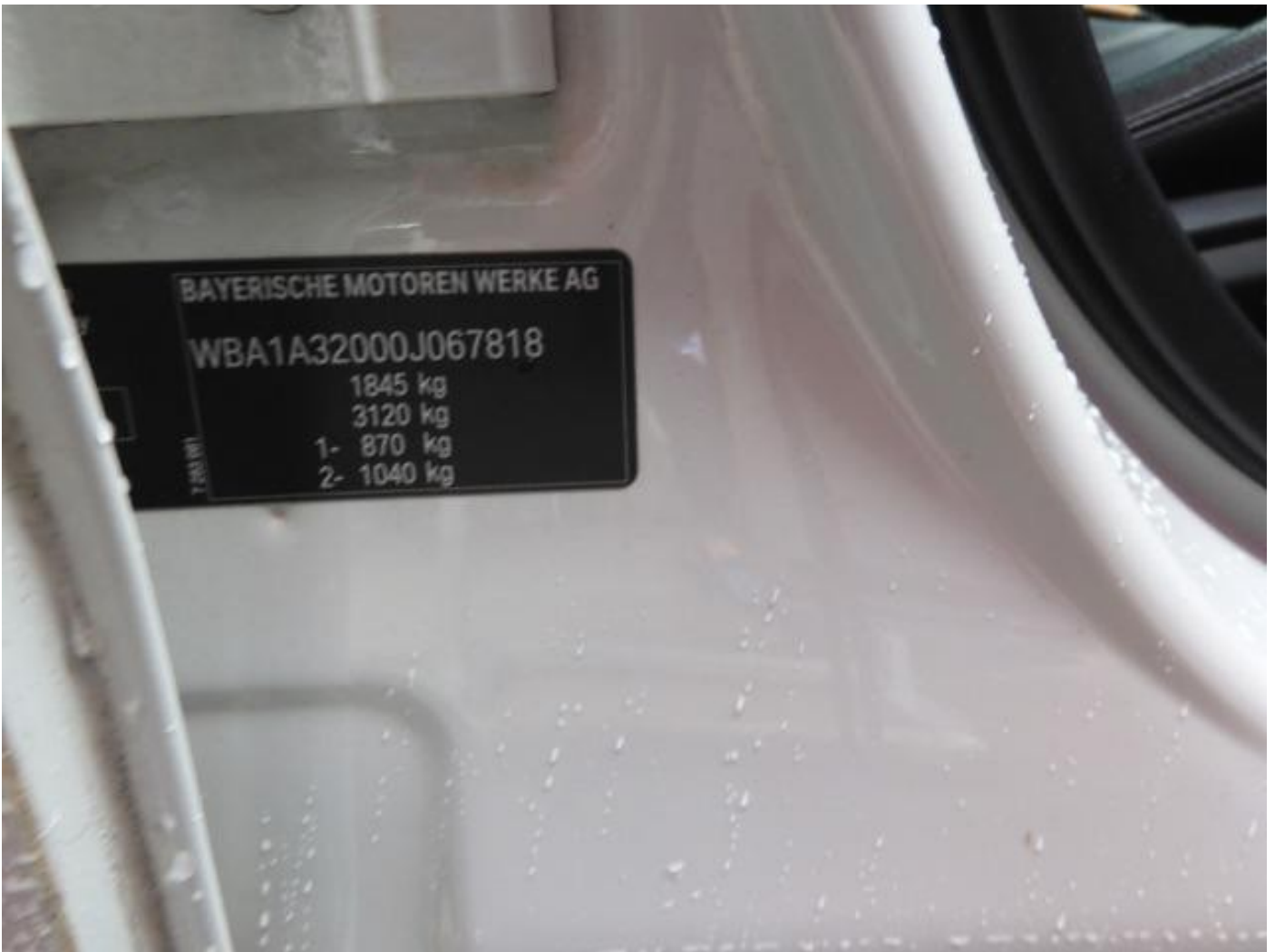
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