

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 Submission 08/12/2020 11:21 (SGT)
Date of Accident 05/12/2020 17:00 (SGT)
Exact Location of Accident Bukit Batok Rd, Singapore
Additional Location Information Junction of brickland road and bukit batok road left turn filter
towards teck whye.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT646M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH PEK SONG ANDY
NRIC No S8606444H
Email Address Noemail@AIG.COM
Mobile Phone No (Phone) +65-91375414
Alternative Phone No +65-91375414

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant -
Exact purpose for which vehicle was being used at time of
accident -
Are you claiming under your own insurance policy for repair to
your vehicle? No - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900142670
Cover Note Number -

DRIVER

Name of Driver KOH PEK SONG ANDY
NRIC No S8606444H
Date Of Birth 07/03/1986

Occupation	Indoor
Date Of Driving Pass	14/03/2006
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91375414
Alt. Phone Number	+65-91375414
Email Address	Noemail@AIG.COM
Address	805B KEAT HONG CLOSE
Address complement	#10-50 SINGAPORE
Postcode	682805
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Ng Huici
Gender	Female

PASSENGER 2

Name	Brandon Ng
Gender	Male

PASSENGER 3

Name	Alison Koh
Gender	Female

PASSENGER 4

Name	Andrea Koh
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Main road was clear with the junction in red light. I assumed the taxi will enter into the main road but instead he stopped at the give way line when the road was totally clear. So i did not managed to stop in time. I have in car camera recorded this down but the traffic police seized the SD card.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Was there any audio recorded? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC2783
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver -
Contact Number (Phone) +65-94557514
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -



