

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 07/12/2020 15:15 (SGT)
Date of Accident 06/12/2020 12:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information slip road from Upper Bukit Timah road to Jalan Jurong Kechil
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML8837H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ONG LEE SIE, WENDY
NRIC No S8717620G
Email Address wendy.ongls@gmail.com
Mobile Phone No (Phone) +65-96859212
Alternative Phone No +65-99999999

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
Variant -
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

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

DRIVER

Name of Driver ONG LEE SIE, WENDY
NRIC No S8717620G
Date Of Birth 28/06/1987
Occupation Indoor

Date Of Driving Pass	14/09/2006
Driving experience	14 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96859212
Alt. Phone Number	+65-99999999
Email Address	wendy.ongls@gmail.com
Address	29 ENG KONG PLACE
Address complement	-
Postcode	599107
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	Clear
Road Surface	Dry

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Accident_Description Vehicle A was driving along the slip road from Upper Bukit Timah road to Jalan Jurong Kechil. Vehicle B was following behind and collided with Vehicle A.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No









