

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 28/12/2020 17:56 (SGT)
Date of Accident 27/12/2020 10:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE Thomson flyover
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU3418T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Eu Teik Leong
NRIC No S2548039B
Email Address gerardeu@hotmail.com
Mobile Phone No (Phone) +65-96461840
Alternative Phone No +65-96461840

VEHICLE PARTICULARS

Manufacturer Kia
Model Forte
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 2100421910-05
Cover Note Number -

DRIVER

Name of Driver EU JUN WEN BENJAMIN
NRIC No S8731646G
Date Of Birth 08/10/1987
Occupation Indoor

Date Of Driving Pass	10/11/2008
Driving experience	12 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92707091
Alt. Phone Number	-
Email Address	NOEMAIL@AIG.COM
Address	Blk 670
Address complement	#07-35 Woodlands Drive 71
Postcode	730670
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JOHN TAN
Gender	Male

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

R2000006896 Circumstances Of Accident On the 27th of december 2020 at approximately 1025 am. I was driving along the PIE towards KPE near the thomson flyover travelling at normal speed. Just after the turn

the car (SFT 5007Y) in front had stopped abruptly. I applied the emergency brake but did not manage to stop in time and collided with the rear of the car (SFT 5007Y). We later moved to a nearby location to exchange contact details. The car (SFT 5007Y) already has existing dents on the car boot. The damage was to the bumper of the third party car. I myself sustained damages to the front of my car (SKU 3418T)

the front grill and the bonnet.

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	SFT5007Y
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	(Phone) +65-92369578
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-





