

## 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	05/01/2021 15:50 (SGT)
Date of Accident	04/01/2021 17:05 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	TOWARDS KAMPONG BAHRU ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8600z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHOW HWEI YANN (ZOU HUIYAN)
NRIC No	SXXXX075F
Email Address	yume_ac@hayoo.com.sg
Mobile Phone No	(Phone) +65-90901600
Alternative Phone No	+65-90703855

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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 - Claiming third party
Vehicle Category	Private car

### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900106841-01
Cover Note Number	-

### DRIVER

Name of Driver	CHOW KEE CHUAN
NRIC No	SXXXX040A
Date Of Birth	13/04/1951
Occupation	Outdoor

Date Of Driving Pass	15/07/1974
Driving experience	46 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90703855
Alt. Phone Number	-
Email Address	yume_ac@hayoo.com.sg
Address	BLK 458 JURONG WEST STREET 41 #08-724
Address complement	-
Postcode	640458
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	TAN YUKAI
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

PLEASE REFER TO SKETCH AND ATTACHMENT

#### 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	SMK897S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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	CHOW KEE CHUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SML8600z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Accident report SN0821150006

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*[Handwritten signatures and stamps are present at the bottom of the page.]*

SKETCH PLAN #2

### SWITCH PLAN



P = SML 9600Z  
 E = CMK 8971  
 (NOTE: Dots in code words  
 to signify E and R and  
 (BT ATE Junction))

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

0. for 0. attached

**DECLARATION**

[illegible]

1921-1922

$\frac{d}{dt} \left( \frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

1990

### SKETCH PLAN #3

On 04.01.2021 at about 17:05 hours along Lower Delta Road towards Kampong Bahru Road (At AYE Junction) I was travelling straight on lane 2 and the traffic was moderate, when my front vehicle slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang and felt an impact from behind. When I alighted I realised vehicle (B) had collided onto rear portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SML 8630Z

Vehicle (B): SMK 8975

