SN0821150006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 05/01/2021 15:50 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (05/01/2021 15:50 (SGT))



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 witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

05/01/2021 15:50 (SGT) 04/01/2021 17:05 (SGT) Lower Delta Rd, Singapore TOWARDS KAMPONG BAHRU ROAD 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

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company AIG

Type of Coverage Comprehensive Fleet Policy

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

No

Mobile Number

(Phone) +65-90703855

Alt. Phone Number

Email Address Address

yume_ac@hayoo.com.sg

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?

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 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

SKETCH PLAN

INPORTANT NOTICE

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* Consent under the Personal Data Protection Act (PDPZ)

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RESCRIPTION

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SKETCH PLAN

or an other point

On 04.01.2021 at about 17:05 hours along Lower De'ta 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 roud bang and fet 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 I passenger inside my vehicle (A).

and the first

Vehicle (A): SML 8680Z

Vehicle (B) SMK 8975