

# 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 ..... 06/01/2021 11:50 (SGT)  
Date of Accident ..... 03/01/2021 11:40 (SGT)  
Exact Location of Accident ..... Clementi Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN896L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CHOP NAM HUAT  
Company Reg No ..... 0XXXX900J  
Email Address ..... JOLIMCNH@SINGNET.COM.SG  
Mobile Phone No ..... (Phone) +65-91259229  
Alternative Phone No ..... +65-91259229

### VEHICLE PARTICULARS

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

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070008989  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YONG ING HOE  
NRIC No ..... SXXXX467I  
Date Of Birth ..... 21/06/1954  
Occupation ..... Outdoor

Date Of Driving Pass .....	02/05/1973
Driving experience .....	47 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91259229
Alt. Phone Number .....	-
Email Address .....	JOLIMCNH@SINGNET.COM.SG
Address .....	BLK 11 TOH YI DR #02-357
Address complement .....	-
Postcode .....	590011
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
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

REFER TO STATEMENT.

#### ATTACHMENT(S)

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

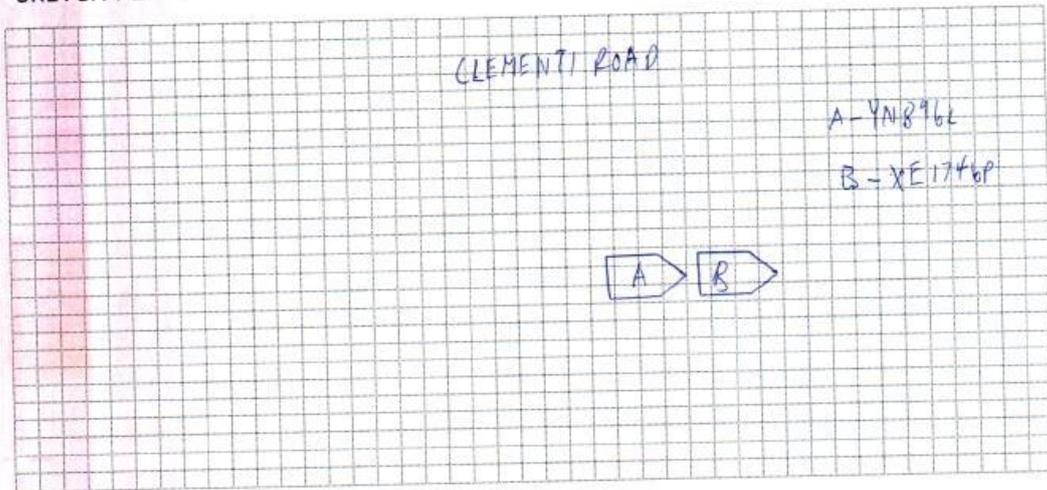
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XE1746P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) ..... -



SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG CLEMENTI ROAD. I COULD NOT STOP IN TIME AND HIT ONTO VEHICLE B

DECLARATION

I/ We declare the foregoing particulars are true in every respect.

*[Handwritten signature]*



*[Handwritten signature]*

*[Handwritten signature]*

Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC / FIN No.:











