

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 11/01/2021 11:47 (SGT)
Date of Accident 09/01/2021 11:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE towards City after Moulmein Road exit. Second lane from right.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT4163C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Regina Chendra Tung
NRIC No S7985737H
Email Address noemail@aig.com
Mobile Phone No (Phone) +65-82230577
Alternative Phone No +65-97425427

VEHICLE PARTICULARS

Manufacturer Nissan
Model Note
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070090759
Cover Note Number -

DRIVER

Name of Driver Regina Chendra Tung
NRIC No S7985737H
Date Of Birth 07/01/1979

Occupation	Indoor
Date Of Driving Pass	13/03/2010
Driving experience	10 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82230577
Alt. Phone Number	+65-97425427
Email Address	noemail@aig.com
Address	7A LORONG HOW SUN
Address complement	#17-48 SINGAPORE
Postcode	-
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	arina koh
Gender	Female

PASSENGER 2

Name	Santiyosi By Johan Arsad
Gender	Female

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

R2000006951 Circumstances Of Accident I was driving on CTE towards City. It was drizzling and there was heavy traffic on the road. As I was driving along

the car in front of me suddenly braked and I had to brake hard to avoid a collision. The 3rd party vehicle behind me hit the rear bumper of my car.

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	GBK5868Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	(Phone) +65-96533851
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-











GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #15-00 Singapore 048500
 Tel: (65) 6224 0000 Fax: (65) 6224 0000
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S66500290 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

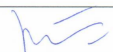
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA01211B0006 Vehicle Registration No: SMT4163C
 Name (as shown in NRIC) : REGINA CHENDRAJUNE NRIC/FIN/Passport No : S9985737H
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 7A Lorong How Sun #17-48 Singapore (536565)
 Contact (Tel) : _____ Mobile No. : 82230577
 Email Address : aaronreginakong@gmail.com
 Date of Accident : 9 Jan 2021 Time of Accident : 11:35 a.m.
 Place of Accident : CTE Towards city after Moulmein exit
 Insurance Company : AIU

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to claim under the other party's
insurance for repair my car.


 Policyholder / Driver's Signature
 Date: 12 Jan 2021

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

GI/IRMC addendum/01/01/15



