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.

- 4. The issue and acceptance of this is form by instrained 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 08/01/2021 18:15 (SGT) Date of Accident 07/01/2021 18:00 (SGT) Exact Location of Accident Woodlands Ave 5 & Woodlands Ave 3, Singapore Additional Location Information WOODLANDS AVE 5 AND WOODLANDS AVE 3 JUNCTION Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM1886G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **ROLLO POH HAN LIN** NRIC No. SXXXX835J Email Address ROLLO POH@HOTMAIL.COM Mobile Phone No (Phone) +65-92321353 Alternative Phone No +65-98571742

VEHICLE PARTICULARS

Manufacturer Audi Model A3 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? Yes Vehicle Category Private car

INSURANCE COMPANY

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

DRIVER

Name of Driver **ROLLO POH HAN LIN** NRIC No SXXXX835J Date Of Birth 04/05/1993 Occupation Indoor

Date Of Driving Pass 03/05/2012 Driving experience 8 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-92321353 Alt. Phone Number +65-98571742 Email Address ROLLO_POH@HOTMAIL.COM Address 349 WOODLANDS AVE 3 Address complement #13-53 Postcode 730349 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No

CIRCUMSTANCES OF ACCIDENT

MY CAR WAS APPROACHING THE FILTER LANE FROM WOODLANDS AVE 5 GOING WOODLANDS AVE 3. THERE WERE MULTIPLE VEHICLES IN LINE TO TURN. AS I APPROACHED THE END OF THE LINE, THERE WAS ONLY A HONDA VEZEL IN FRONT OF ME AND AS I SEE IT TAKING OFF, I CHECKED MY RIGHT SIDE FOR INCOMING TRAFFIC AND MOVED FORWARD WHEN I SEE THAT THERE ARE NO TRAFFIC FOR THE LANE WE WERE TURNING OUT TO. NUT WHEN I LOOKED FORWARD AGAIN, THE VEHICLE IN FRONT HAD SUDDENLY STOPPED. I WAS NOT ABLE TO REACT AND COLLIDED. WE STEPPED OUT OF THE VEHICLES AND TOOK PHOTOS OF THE DAMAGE. DRIVER AND HIS PASSENGER WERE BOTH OUTSIDE AND REPLIED THAT THEY WERE FEELING ALRIGHT, IT WAS A LIGHT COLLISION. WE LEFT AFTER EXCHANGING CONTACT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Was there any audio recorded?

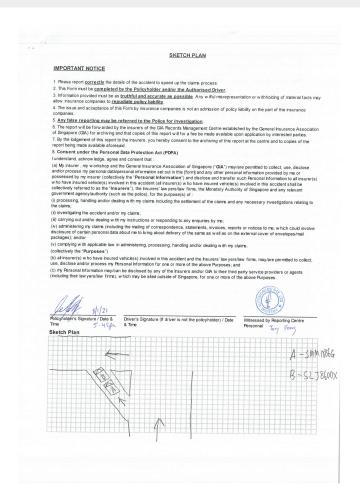
No

If yes, against whom?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSLJ8600XVehicle ManufacturerHondaVehicle ModelVezelVehicle Variant-Vehicle ColourBlackVehicle CategoryPrivate carName 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)	_



Describe Circumstances of the Accident	
MY CAR WAS APPROACHING THE FILTER LANE FROM WOODL	
WOODLANDS AVE 3. THERE WERE MULTIPLE VEHICLES IN LINE	
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Declaration	
We declare the foregoing particulars are true in every respect.	OLES AS
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11/1/1 0/1/21	COMENIO.
Policyholder's/Signature / Date & Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
Time 5.450h & Time	Personnel Tony Foung
- 14	(124)

















