

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 11:23 (SGT)
Date of Accident 09/01/2021 01:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information Slip road from Bangkit Road to Bukit Panjang Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML4797R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Koh Jew Hiang
NRIC No S1563701C
Email Address kkjh1962@gmail.com
Mobile Phone No (Phone) +65-93237747
Alternative Phone No +65-65022114

VEHICLE PARTICULARS

Manufacturer Subaru
Model Xv
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900100759-01
Cover Note Number -

DRIVER

Name of Driver Koh Jew Hiang
NRIC No S1563701C
Date Of Birth 29/01/1962
Occupation Indoor

Date Of Driving Pass	17/04/2015
Driving experience	5 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93237747
Alt. Phone Number	+65-65022114
Email Address	kkjh1962@gmail.com
Address	35 BANGKIT ROAD
Address complement	CHESTERVALE #16-02 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Annabelle Chua Wei Xuan
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

R2000006948 Circumstances Of Accident Driver was about to exit the slip road from Bangkit Road onto main road (Bukit Panjang Road)

was looking on his right and checking for vehicles going straight along Bukit Panjang Road. Seeing it was clear driver started to move off but failed to ensure that the car in front has fully cleared off.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	-
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)	-

















