# **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 11/01/2021 16:37 (SGT) Date of Accident 11/01/2021 12:40 (SGT) Exact Location of Accident Near KPE, Singapore Additional Location Information SLIP ROAD OUT OF KPE TAMPINES ROAD Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **SBX777S** 

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAY SIONG CHIN NRIC No. S1114105F Email Address TAYGH@GMAIL.COM Mobile Phone No (Phone) +65-98205887 Alternative Phone No (Home) +65-94310131

### VEHICLE PARTICULARS

Manufacturer Audi Model A4 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 Policy Number 1900168888-01 Cover Note Number

### DRIVER

Name of Driver TAY GUANG HONG NRIC No S8635208G Date Of Birth 19/11/1986 Occupation Indoor

Date Of Driving Pass 23/04/2010 Driving experience 10 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-94310131 Alt. Phone Number Email Address TAYGH86@GMAIL.COM Address 476B UPPER SERANGOON VIEW Address complement #10-524 Postcode 532476 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 Clear Road Surface Dry 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? 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 SKW 741 T SUDDEN BRAKE AT SLIP ROAD OUT OF KPE. THUS CAUSING ACCIDENT. WHITE VEHICLE SKW 741 T IS DRIVEN BY A NEWBIE DRIVER WITH 3 MONTHS QUALIFICATION AND YOUNG DRIVER. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKW741T Vehicle Manufacturer Hvundai Vehicle Model Elantra Vehicle Variant Vehicle Colour White 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) -

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| Declaration                          |  |  |
| I/We declare the foregoing particula | rs are true in every respect.  | 170 4  |
| El - 1555hrs                         | Willport 4rm   |  |
|                                      | Driver's Signature (If driver is not the policyholder) / Date<br>& Time  | Witnessed by Reporting Centre<br>Personnel Tony Penny  |
|                                      |  | Commen (ON) FORM   |



























































