

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	18/01/2021 11:58 (SGT)
Date of Accident	16/01/2021 16:00 (SGT)
Exact Location of Accident	Commonwealth Ave W, West Park, Singapore
Additional Location Information	COMMONWEALTH AVE WEST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA1031U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHANG LIN
NRIC No	S7381163E
Email Address	zhanglin@hotmail.com
Mobile Phone No	(Phone) +65-87987621
Alternative Phone No	+65-87987621

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1800061259-02
Cover Note Number	-

DRIVER

Name of Driver	GAO YUN
NRIC No	S7480556F
Date Of Birth	29/07/1973
Occupation	Indoor

Date Of Driving Pass	21/11/2009
Driving experience	11 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87987621
Alt. Phone Number	-
Email Address	zhanglin@hotmail.com
Address	BLK 818 CHOA CHU KANG AVE 1 #15-136
Address complement	-
Postcode	683818
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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

PLEASE REFER ATTACHED

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	SHD4450S
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHUA LIM SHY ANG
NRIC No	S7637243H
Contact Number	(Phone) +65-91284956
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	SLIGHT DANAGE
Details of property damaged in accident	RIGHT HAND FRONT
No. Of Passenger (Including Driver)	-

SKETCH PLAN

PERSONAL CIRCUMSTANCES OF THE ACCIDENT

- The accident happened on 4th January at about 4pm.
- The accident occurred at Convent Heath Avenue West, the part in between Clement Ave 2 and Clement Ave 3.
- The accident happened while I was trying to change from lane 1 to lane 2. I signalled and checked left 3 seconds prior before I changed lane. I did not see any vehicles at my left side.

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

Investigator's Signature:
 Date & Time: _____

Driver's Signature:
 If driver is not the participant: _____

Reporting Officer/Participant's Signature:
 Name: **REPORTER**

Reporting Officer's Signature
Name: CORRIE L.
Job Title: CLERK