

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 15:52 (SGT)
Date of Accident 17/01/2021 11:40 (SGT)
Exact Location of Accident Seletar West Link, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX4158Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ANG GIM CHOON
NRIC No SXXXX563A
Email Address GIMCHOON@HOTMAIL.COM
Mobile Phone No (Phone) +65-84124774
Alternative Phone No +65-84124774

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number 7210001296

DRIVER

Name of Driver ANG GIM CHOON
NRIC No SXXXX563A
Date Of Birth 05/07/1949
Occupation Indoor

Date Of Driving Pass	04/07/1969
Driving experience	51 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84124774
Alt. Phone Number	+65-84124774
Email Address	GIMCHOON@HOTMAIL.COM
Address	BLK 6 MEYER PLACE #08-02
Address complement	-
Postcode	437995
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	ANG GLADYS NEE KHOO CHUAN HUAY
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

REFER TO STATEMENT.

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	GX6225U
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ANG GIM CHOON
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SMX4158Y
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person ANG GLADYS NEE KHOO CHUAN HUAY
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SMX4158Y
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

Describe Circumstances of the Accident

I was driving veh on the above mentioned date n time.
 The traffic light was red so I stopped. A few second later
 I felt an impact when I aight I notice veh B could
 not stop in time n hit the rear of my veh A

Declaration

We declare the foregoing particulars are true in every respect.

Arthy

Policyholder's Signature / Date &
Time

Arthy

Driver's Signature (If driver is not the policyholder) / Date
& Time

HA

Witnessed by Reporting Centre
Personnel

































