

## 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 ..... 11/02/2021 11:17 (SGT)  
Date of Accident ..... 11/02/2021 07:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... car park of block 401 onto Sin Ming Avenue  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJG699D

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Gary Wong Wai Loon  
NRIC No ..... S7530631H  
Email Address ..... NOEMAIL@AIG.COM  
Mobile Phone No ..... (Phone) +65-98242428  
Alternative Phone No ..... +65-98242428

#### VEHICLE PARTICULARS

Manufacturer ..... Lexus  
Model ..... Es250  
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? ..... Yes  
Vehicle Category ..... Private car

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1900243204-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... Gary Wong Wai Loon  
NRIC No ..... S7530631H  
Date Of Birth ..... 30/09/1975  
Occupation ..... Indoor

Date Of Driving Pass .....	08/04/1997
Driving experience .....	23 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98242428
Alt. Phone Number .....	+65-98242428
Email Address .....	NOEMAIL@AIG.COM
Address .....	3 SIN MING WALK
Address complement .....	GARDENS AT BISHAN #10-29 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 - Major/Minor Rd
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

R2000007079      Circumstances Of Accident      My vehicle SJG699D was turning right into main road Sin Ming Avenue when SHA2011E collided into my right front. My whole Vehicle was already in the yellow box before the accident happened. There were a chain of cars waiting to send their children to Ai tong School at 715am when accident happened.

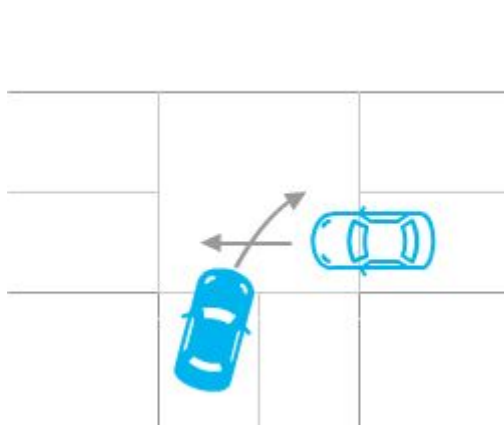
#### ATTACHMENT(S)

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 .....	SHA2011E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	(Phone) +65-90687147
Address .....	-
Address complement .....	-

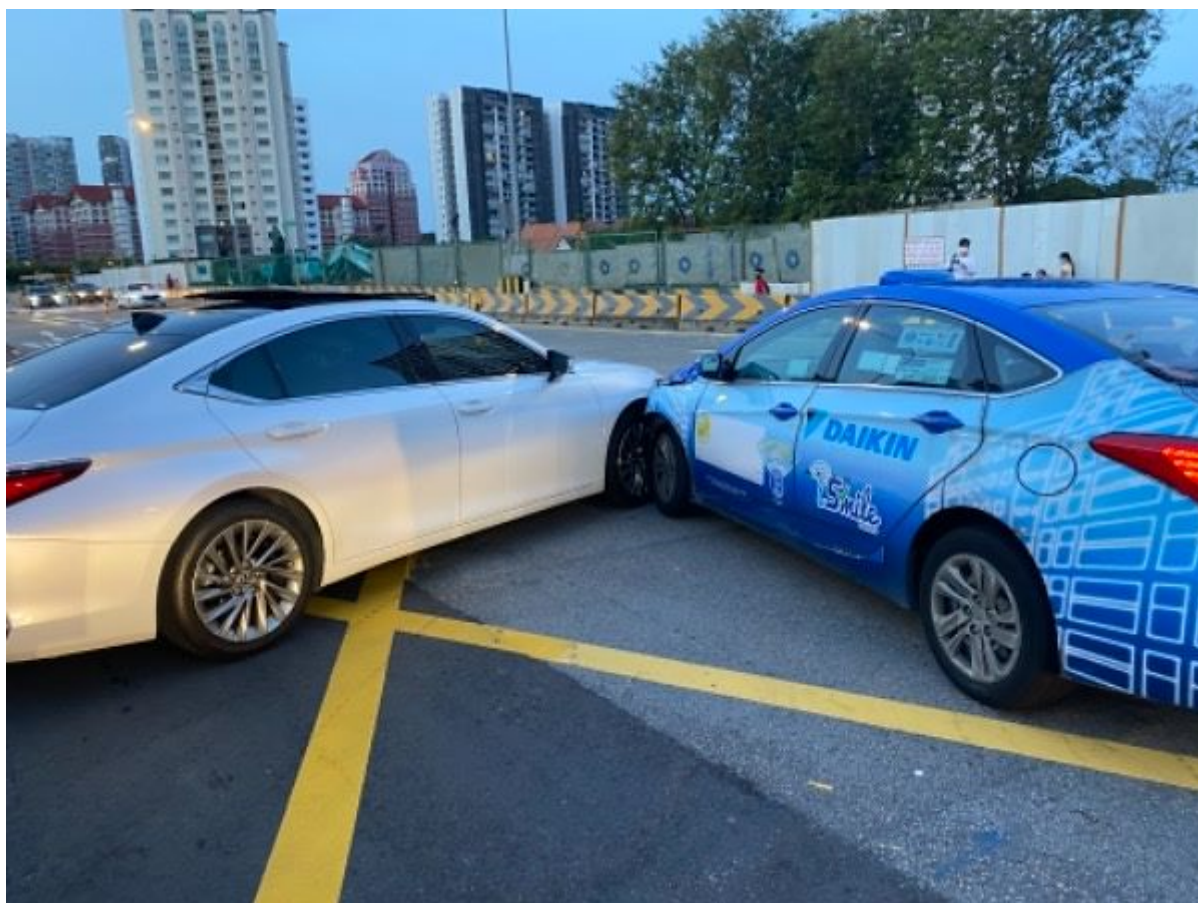
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -













GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SA01212B0006 Vehicle Registration No: BJ4699D  
Name (as shown in NRIC) : Gary Wong Nai Loon NRIC/FIN/Passport No : 875306314  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 11/2/2021 Time of Accident : 0715 hrs.  
Place of Accident : clip of BIK 401 onto Sin Ming Ave.  
Insurance Company : AIG

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I have decided to claim under my own policy  
to expedite the repair.

However, this is not the fault of mine so I  
do not want AIG to pay for their claim.

Policyholder / Driver's Signature  
Date: 15/2/21

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_





