

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 15/02/2021 13:14 (SGT)
Date of Accident 11/02/2021 19:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information 401 Havelock Road Singapore 169631
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML2228E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Samuel Lee Choon Kiat
NRIC No S9101378I
Email Address noemail@aig.com
Mobile Phone No (Phone) +65-91502024
Alternative Phone No +65-91502024

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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 -
Cover Note Number -

DRIVER

Name of Driver Samuel Lee Choon Kiat
NRIC No S9101378I
Date Of Birth 08/01/1991
Occupation Indoor

| | |
|--|-----------------------|
| Date Of Driving Pass | 15/05/2010 |
| Driving experience | 10 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91502024 |
| Alt. Phone Number | +65-91502024 |
| Email Address | noemail@aig.com |
| Address | 13 TOH YI DRIVE |
| Address complement | #07-17 SINGAPORE |
| Postcode | 590013 |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 6 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|----------------------|
| Name | Amelia Suen Jia Chi- |
| Gender | Female |

PASSENGER 2

| | |
|--------------|-------------------|
| Name | Lee Yi Sheng Evan |
| Gender | Male |

PASSENGER 3

| | |
|--------------|----------------------|
| Name | Lee Xuan En Shekynah |
| Gender | Female |

PASSENGER 4

| | |
|--------------|----------------------|
| Name | Lee Xuan En Shekynah |
| Gender | Female |

PASSENGER 5

| | |
|--------------|-------------------|
| Name | Lee Yi Sheng Evan |
| Gender | Male |

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

SML2228E was queueing behind SMA8168A to exit the carpark. While waiting

I was pressing the break of my vehicle. However as my children were crying in the car

I panicked and accidentally pressed the accelerator and my car went forward and hit the car in front of me SMA8168A

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 | SMA8168M |
| 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) | - |





