

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	16/02/2021 10:36 (SGT)
Date of Accident	15/02/2021 17:13 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Pedestrian ('zebra') crossing of New Upper Changi Road turning into Bedok North Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX6588L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ow Shi Jack
NRIC No	S7803743A
Email Address	little.red.dot.sg@gmail.com
Mobile Phone No	(Phone) +65-97461171
Alternative Phone No	+65-97461171

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	2100510543-03
Cover Note Number	-

DRIVER

Name of Driver	Ow Shi Jack
NRIC No	S7803743A
Date Of Birth	16/02/1978

Occupation	Indoor
Date Of Driving Pass	24/06/1998
Driving experience	22 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97461171
Alt. Phone Number	+65-97461171
Email Address	little.red.dot.sg@gmail.com
Address	183 Bedok North Road
Address complement	#15-60 SINGAPORE
Postcode	460183
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)	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

I am the driver and policy owner of Vehicle A and was behind Vehicle B on New Upper Changi Road just before both vehicles were turning left into Bedok North Road. The left turn has a heavily obscured pedestrian (zebra) crossing on the left of any vehicle taking the turn. The driver of Vehicle B accelerated slightly to take the left turn

but suddenly 'jammed' his brakes at or before the pedestrian crossing

as he suddenly realised that there was an elderly man who was just about to take the pedestrian crossing from our (heavily obscured) left to the right. In response to what was ahead

I 'jammed' my brakes. Although the front of my Vehicle A appears to have made contact with the rear of Vehicle B (at 17h:53m:54s according to my onboard video recording)

I did not see any damage to the rear of Vehicle B that is caused by contact from Vehicle A

nor is there any damage to the front of Vehicle A. The photos submitted do not show any damage to the rear of Vehicle B that is caused by contact from Vehicle A.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8054L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-82189096
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

