

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 09/03/2021 11:40 (SGT)
Date of Accident 09/03/2021 06:57 (SGT)
Exact Location of Accident 9 Tampines Ave 7, Singapore 529619
Additional Location Information Along Tampines Avenue 7 heading towards Tampines Avenue 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR5992E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner VINSON ONG
NRIC No S9350658H
Email Address VINSON1493@GMAIL.COM
Mobile Phone No (Phone) +65-94318747
Alternative Phone No +65-94318747

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 1900263040
Cover Note Number -

DRIVER

Name of Driver VINSON ONG
NRIC No S9350658H
Date Of Birth 01/04/1993
Occupation Indoor

Date Of Driving Pass	23/10/2013
Driving experience	7 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94318747
Alt. Phone Number	+65-94318747
Email Address	VINSON1493@GMAIL.COM
Address	127 PASIR RIS STREET 11
Address complement	#05-391 SINGAPORE
Postcode	510127
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

SMR5992E made a left turn from Tampines Street 34 to Tampines Ave 7. There are 2 lanes along Tampines Ave 7. SMR5992E switched from the left lane to the right lane behind SMV9258U. A van of unknown car plate made a sudden attempted lane switch from the left lane to the right lane

cutting in front of SMV9258U which resulted in SMV9258U to brake to a complete halt. SMR5992E was unable to halt in time and slammed into the rear of SMV9258U

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	SMV9258U
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) -









