

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 12/03/2021 10:54 (SGT)
Date of Accident 11/03/2021 19:00 (SGT)
Exact Location of Accident 683a Punggol Rd, Singapore 821305
Additional Location Information Slip Road After Exiting TPE towards Punggol before turning left to Punggol Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR3176U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner THET OO MAUNG
NRIC No S2727084J
Email Address T.o.maung@gmail.com
Mobile Phone No (Phone) +65-98204462
Alternative Phone No +65-67939787

VEHICLE PARTICULARS

Manufacturer Citroen
Model C4 picasso
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 1700038271-03
Cover Note Number -

DRIVER

Name of Driver THET OO MAUNG
NRIC No S2727084J
Date Of Birth 03/02/1963

Occupation	Indoor
Date Of Driving Pass	11/09/2014
Driving experience	6 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98204462
Alt. Phone Number	+65-67939787
Email Address	T.o.maung@gmail.com
Address	31 JURONG WEST STREET 41
Address complement	#14-17 SINGAPORE
Postcode	649412
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?	No
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

While queuing to exit the slip road vehicles were inching forward. My vehicle continued to roll forward when the vehicle in front had stopped. Collided before being able to jam break in time.

ATTACHMENT(S)

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









