

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 06/04/2021 16:15 (SGT)
Date of Accident 04/04/2021 12:51 (SGT)
Exact Location of Accident Singapore
Additional Location Information laguna golf green/ xilin avenue junction traffic light
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJA6286D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Wong Teck Fatt Jonathan
NRIC No S1376538C
Email Address noemail@aig.com
Mobile Phone No (Phone) +65-96530217
Alternative Phone No +65-96530217

VEHICLE PARTICULARS

Manufacturer Subaru
Model Impreza
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
Transmission Auto
CC 1498

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100397091-06
Cover Note Number -

DRIVER

Name of Driver Wong Teck Fatt Jonathan
NRIC No S1376538C

Date Of Birth	01/07/1959
Occupation	Indoor
Date Of Driving Pass	26/07/2003
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96530217
Alt. Phone Number	+65-96530217
Email Address	noemail@aig.com
Address	195A Jalan Loyang Besar
Address complement	#02-06 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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

R2000007317 Circumstances Of Accident vehicle SJA6286D driver & policy holder stopped at traffic light but vehicle moved over the stop line I reversed my car and collided into the front portion of vehicle SME9913M with Grab label Both drivers not injured there was 1 passenger in the Grab car not injured Both vehicles did not sustain any damages as seen in the photograph we parted separate ways as the Grab driver demanded cash compensation on the spot but i admitted no liability as there was no damages I am filing this report in case the other driver file a claim against me

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	SME9913B
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	-







