

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 15:06 (SGT)
Date of Accident 05/04/2021 08:14 (SGT)
Exact Location of Accident Singapore
Additional Location Information Pasir Ris Dr 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC1170P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Lee Teck Siong (Li DeXiang)
NRIC No S7425111J
Email Address blitzkrieg5874@yahoo.com
Mobile Phone No (Phone) +65-98767273
Alternative Phone No +65-90010115

VEHICLE PARTICULARS

Manufacturer Kia
Model Optima
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 1999

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100267048-09
Cover Note Number -

DRIVER

Name of Driver Lee Teck Siong (Li DeXiang)
NRIC No S7425111J

Date Of Birth	05/08/1974
Occupation	Indoor
Date Of Driving Pass	30/05/2009
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98767273
Alt. Phone Number	+65-90010115
Email Address	blitzkrieg5874@yahoo.com
Address	Blk 534 Pasir Ris Drive 1
Address complement	#03-272 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	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

R2000007316 Circumstances Of Accident I am the third car waiting to get out from the carpark to the main road. The car in front of me turn left. When it was my turn to drive out

I looked to the right for incoming traffic

then to my left before I drove out to make my right turn. I do not expect a car to be stopping at the opening between the 2 road partition and knock onto his rear.

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	SGP5470B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97248282
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-















