

## 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 ..... 03/05/2021 10:31 (SGT)  
Date of Accident ..... 01/05/2021 11:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 1001 Lower Delta Road (outside Teresa Ville)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLG2636Z

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... PANG QI WEN  
NRIC No ..... S8729102B  
Email Address ..... qiwen12@gmail.com  
Mobile Phone No ..... (Phone) +65-97363563  
Alternative Phone No ..... +65-67778997

#### 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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1591

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800125091-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... PANG QI WEN

NRIC No .....	S8729102B
Date Of Birth .....	21/09/1987
Occupation .....	Indoor
Date Of Driving Pass .....	26/07/2008
Driving experience .....	12 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97363563
Alt. Phone Number .....	+65-67778997
Email Address .....	qiwen12@gmail.com
Address .....	377 CLEMENTI AVENUE 5
Address complement .....	#02-302 SINGAPORE
Postcode .....	120377
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	Yes

#### PASSENGER 1

Name .....	Pang Tee Hin
Gender .....	Male

#### PASSENGER 2

Name .....	Sim Hong Kee
Gender .....	Female

#### PASSENGER 3

Name .....	Pang Qi Lian
Gender .....	Female

#### PASSENGER 4

Name .....	Pang Qi Lian
Gender .....	Female

#### 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

Vehicle SMY9150E fails to stop and collides into the rear of my vehicle (SLG2636Z)

resulting in my vehicle lurching forward and colliding with vehicle SJB1225H. Vehicle 1 - SJB1225H; Vehicle 2 - SLG2636Z; Vehicle 3 - SMY9150E

## ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... INSD DID NOT PROVIDE VIDEO FOOTAGE  
 Was there any audio recorded? ..... No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMY9150E  
 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) ..... -

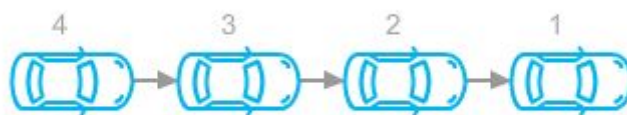
## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SJB1225H  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... Tan Suan Foong  
 Contact Number ..... (Phone) +65-97373569  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

## WITNESS DETAILS

## WITNESS 1

Name ..... Pang Qi Lian  
 Phone ..... (Phone) +65-94793549  
 Email ..... pang\_qilian@hotmail.com



















**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA0121530004 Vehicle Registration No: SIG 26367  
Name (as shown in NRIC) : PANG QI WEN NRIC/FIN/Passport No : S87291028  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 377 Clementi Ave 5 #02-302 Singapore (120377)  
Contact (Tel) : 97363563 Mobile No. : 97363563  
Email Address : qiwen12@gmail.com  
Date of Accident : 01/05/2021 Time of Accident : 1155H  
Place of Accident : 1001 Lower Delta Road (Outside Teresa Ville)  
Insurance Company : AIG

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Number of vehicles involved : 3
- Vehicle Reg No: ~~SJB1225H~~ SJB1225H - Veh ①, Add in vehicle
- Name of driver : Tan Suan Fong
- Contact # : 97373569
- Revised from reporting only → Own damage claim revert
- Amend on Mobile no : 9736 35 83 → 9736 3563

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: