

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 27/05/2021 09:29 (SGT)
Date of Accident 25/05/2021 13:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information Near to cross junction of Compassvale Drive and Compassvale Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX365D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Ng Choon Tat(Huang Chunda)
NRIC No S7238196C
Email Address noemail@aig.com
Mobile Phone No (Phone) +65-98298679
Alternative Phone No +65-96409289

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Outlander
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 1998

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800024901-03
Cover Note Number -

DRIVER

Name of Driver LEE CHIN MEIN

Passport No/FIN	S7376693A
Date Of Birth	21/01/1973
Occupation	Indoor
Date Of Driving Pass	17/04/1999
Driving experience	22 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-98298679
Alt. Phone Number	-
Email Address	noemail@aig.com
Address	9 SENGKANG SQUARE
Address complement	COMPASS HEIGHTS #08-17 SINGAPORE
Postcode	545075
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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

Both cars were approaching a cross junction and slowing down as traffic lights was red. Car in front SMY3833H stopped about a car length distance from the traffic lights. As a result of assuming its stopping position car behind SLX365D did not fully stop in time and hit the car in front.

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	SMY3833H-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-97934706
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-







