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 witholding 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.

- 4. The issue and acceptance 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 17/05/2021 15:54 (SGT) Date of Accident 16/05/2021 20:33 (SGT) Exact Location of Accident Hougang, Singapore Additional Location Information LORONG AH SOO /PEDESTRIAN CROSSING /BLK 128 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU9356A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CLIFFORD HILARY GOH SENG CHYE NRIC No. S0158169D Email Address HILLYCLIFF@YAHOO.COM.SG Mobile Phone No (Phone) +65-96377422 Alternative Phone No +65-97291948

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 2070130077 Cover Note Number

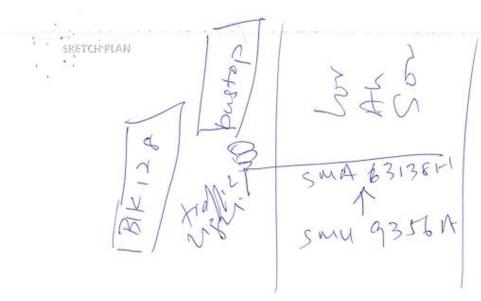
DRIVER

Name of Driver YEO SUAN SIM SUSAN NRIC No. S1378086B



Date Of Birth 02/01/1959 Occupation Indoor Date Of Driving Pass 30/11/1979 Driving experience 41 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-97291948 Alt. Phone Number Email Address HILLYCLIFF@YAHOO.COM.SG Address 178 BISHAN STREET 13 #08-219 Address complement Postcode 570178 Is the driver the policyholder? Nο 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Nο Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON SUNDAY NIGHT OF 16 MAY 2021 AT ABOUT 2033HRS, THE VEHICLE SMA3138H CAME TO A SUDDEN STOP. I DROVE MY VEHICLE SMU9356A INTO THE BACK OF HER CAR AS I DID NOT BRAKE IN TIME . 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 DID NOT RETRIEVE FROM IN CAR CAMERA Was there any audio recorded? Nο



DESCRIBE CIRCURASTANCES OF THE ACCIDENT

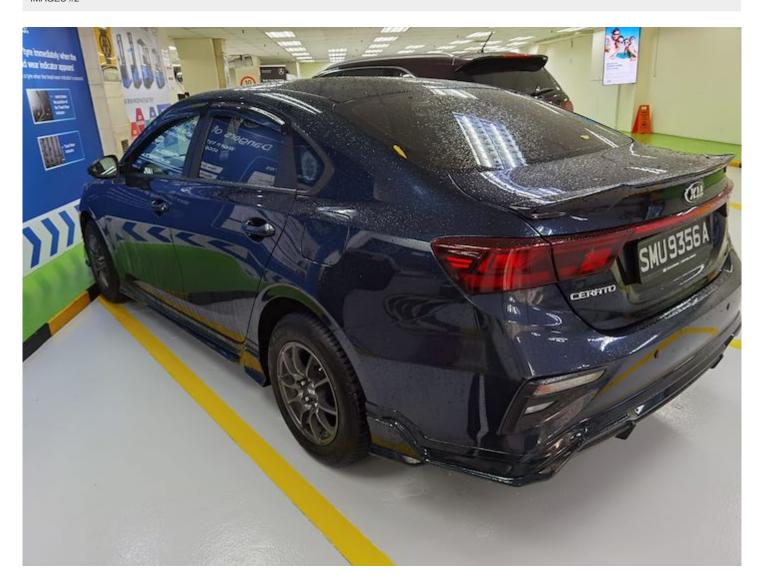
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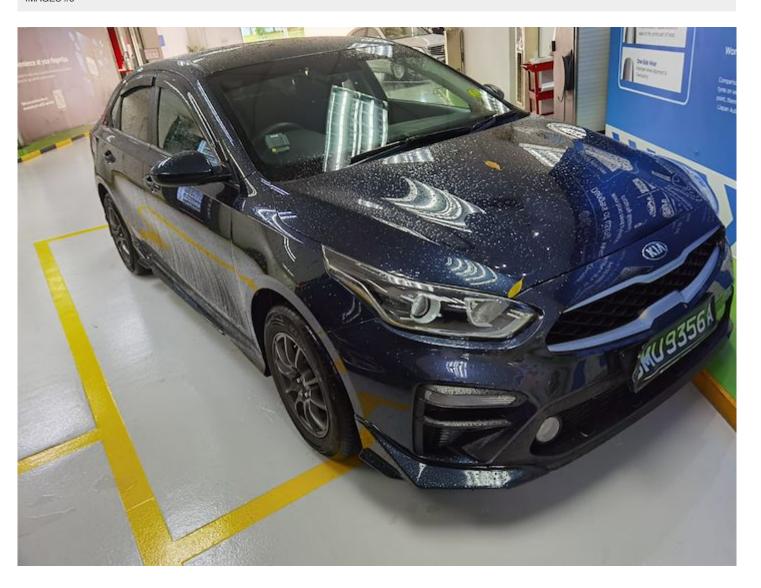
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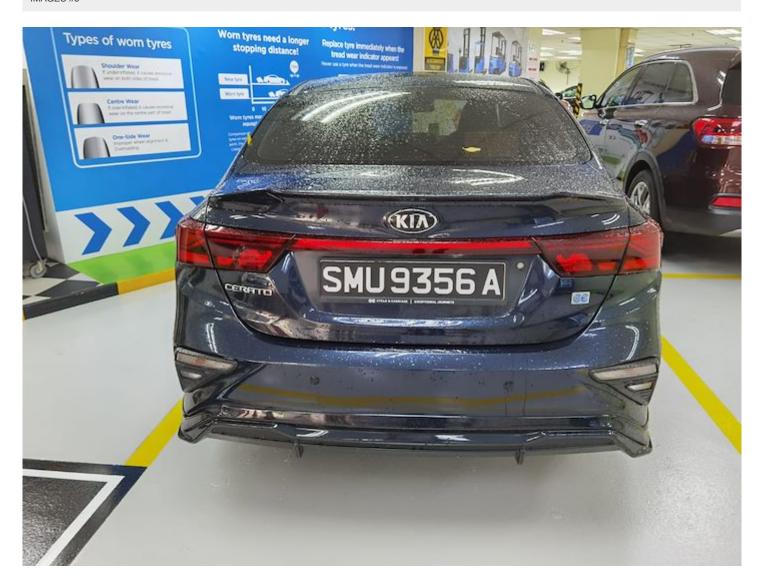
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IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADI	DENDUM			
) PARTI	CULARS OF PERSON MAKING THE AMEN	DMENTS:			
Origin	al Report No: SCIA215H 000 C	Vehicle Registration No: SMU 9356A			
Name	(as shown in NRIC): Clifford Hilary	Goh Senguric/FIN/Passport No: 169D			
	Vehicle Driver/Vehicle Owner) () Please delete as appropriate				
Addre	ss: 178 Bishan Street 13 #	08 - 219 Singapore (570178)			
		Mobile No.: 96377422.			
Email	Address: HILLYCLIFF @ YUNVO.IW	^ ·			
Date o	f Accident: 16 · 05 · 2021	Time of Accident:			
	The second secon				
Insura	nce company:				
ADDIT	IONAL INFORMATION /AMENDMENTS:				
		ccident and would like to include additional information or			
	the following amendments:				
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Policyl	nolder / Driver's Signature	Reporting Centre Personnel's Signature			
Policyl Date:	nolder / Driver's Signature	Name: ONLOP (MIN)			
	nolder-/ Driver's Signature	Reporting Centre Personnel's Signature Name: UNION (MON) NRIC/FIN No.: 4445			

GIARMC Addendum Form