# **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.

  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 Date of Accident	14/06/2021 13:58 (SGT) 12/06/2021 18:20 (SGT)
Exact Location of Accident Additional Location Information	Singapore Stadium walk junction left turn to stadium walk after carpark 4 next to kallang leisure park
Country/State of Loss	Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SCV8822R
INSURED/POLICYHOLDER	
Is company?	No

INO
Kho Chye Yeow (Xu Caiyao)
S7713338J
noemail@aig.com
(Phone) +65-90220168
+65-90220168

## 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	No. Donostina only
your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1998

### **INSURANCE COMPANY**

Name of Insurance Company Type of Coverage Fleet Policy Policy Number	AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No 2070102770
Cover Note Number	-

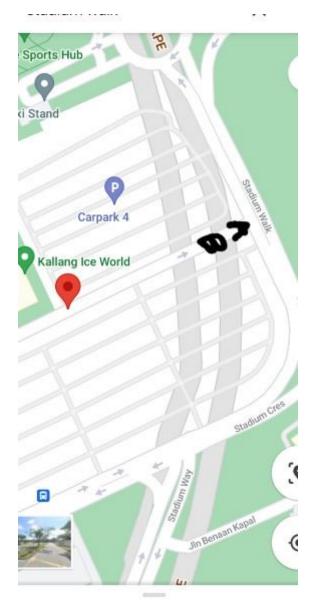
## DRIVER

Name of Driver Kho Chye Yeow (Xu Caiyao)

NRIC No Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address	S7713338J 27/04/1977 Indoor 30/11/2002 18 YEARS AND 7 MONTHS Male (Phone) +65-90220168 +65-90220168 noemail@aig.com
Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured	9 LORONG 27A GEYLANG SIMS GREEN #07-16 SINGAPORE 388134 Yes
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	- -
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 2
PASSENGER 1	
Name Gender	Max xavier kho Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
Car A is smr1270g at the junction turning left into stadium walk. I a junction behind car A. It was raining heavily and i was distracted by and lightly bumped into car B.	m driving car B scv8822r slowing down as i am approaching the my son in the passenger seat and misjudge the stopping distance
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	Smr1270g-

Vehicle Model

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91087474
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



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