

# 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 .....	12/07/2021 12:11 (SGT)
Date of Accident .....	10/07/2021 16:50 (SGT)
Exact Location of Accident .....	Woodlands Ave 12, Singapore
Additional Location Information .....	Beside Mega@Woodland Singapore 737856
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMH5748Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ONG JIAN DE
NRIC No .....	S8848632C
Email Address .....	jiande.ong@gmail.com
Mobile Phone No .....	(Phone) +65-91907507
Alternative Phone No .....	+65-91907507

### 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 .....	1900009095-02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ONG JIAN DE
NRIC No .....	S8848632C

Date Of Birth .....	09/12/1988
Occupation .....	Indoor
Date Of Driving Pass .....	27/09/2018
Driving experience .....	2 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91907507
Alt. Phone Number .....	+65-91907507
Email Address .....	jiande.ong@gmail.com
Address .....	460 SEGAR ROAD
Address complement .....	#03-189 SINGAPORE
Postcode .....	670460
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 .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Elaine Goh Zhen Ying
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

SLJ7092C (1st car) stopped. SMH5748Y (Me 2nd car) stopped behind 1st car. SMX2169D (3rd car) hit 2nd car and 2nd car shifted forward and hit 1st car

#### 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 .....	NO VIDEO UPLOADED
Was there any audio recorded? .....	No

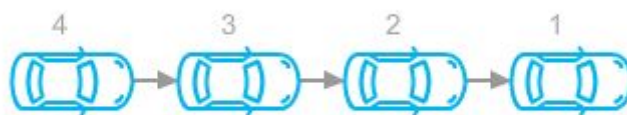
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMX2169D
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 .....	SLJ7029C
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) .....	-



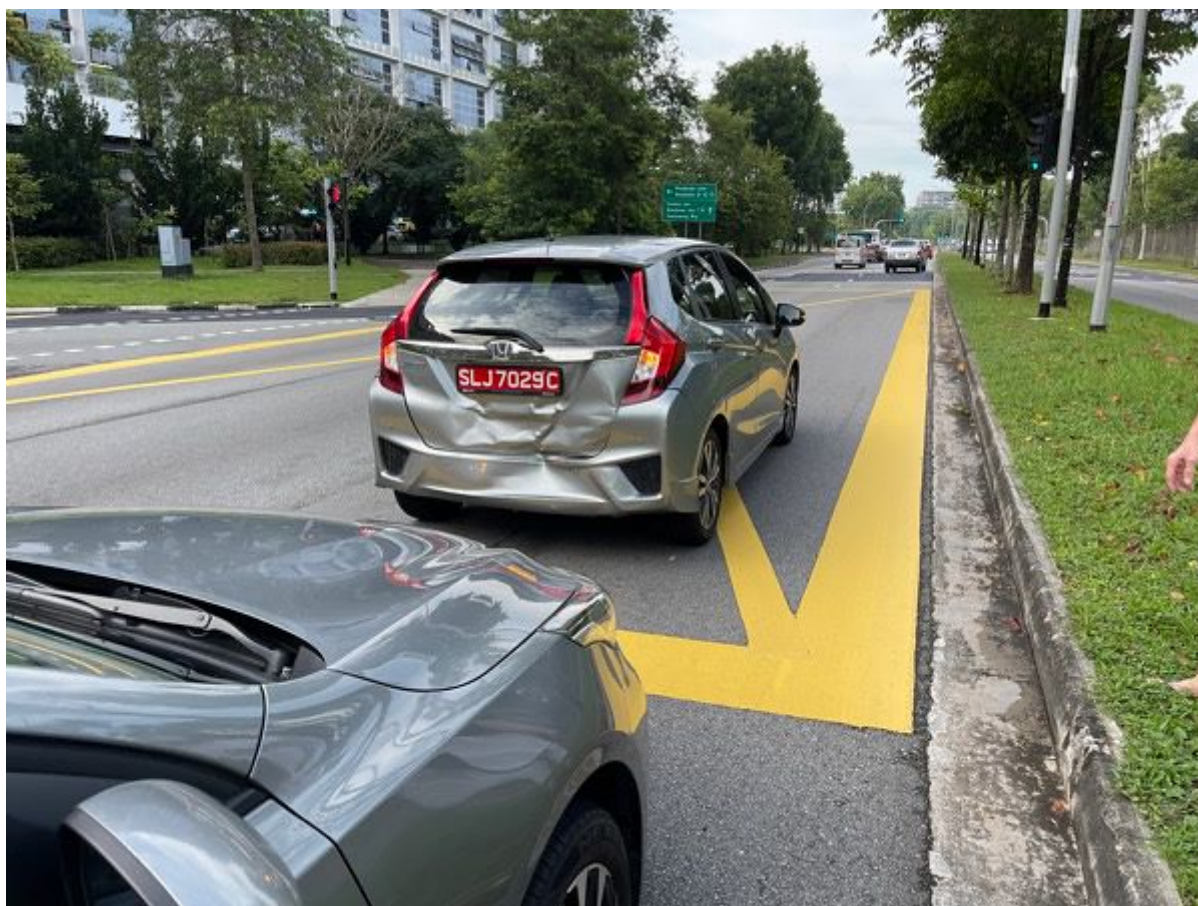














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**GENERAL INSURANCE**  
REGULATED MEMBER OF THE SINGAPORE FINANCIAL SERVICES AUTHORITY

GENERAL INSURANCE DIVISION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 North Bridge Road, #10-01, Singapore 178451  
Tel: (65) 4234 9333 Fax: (65) 4234 9332  
Operating Hours: Monday to Friday, 10:00 AM to 5:00 PM  
Saturdays, 10:00 AM to 12:00 PM

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

**ADDENDUM**

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

Original Report No: 01217C0005 Vehicle Registration No: SMH 9748T  
Name (as on ID): Das Tan De NRIC/MyPassport No: 58848632C  
[\*Vehicle Driver / Vehicle Owner] (\*) Please delete as appropriate  
Address: Blk 460 Seagar Rd #03-189 Singapore 620463  
Contact (Tel): 91907507 Mobile No: \_\_\_\_\_  
Email Address: jonde.sng@gmail.com  
Date of Accident: 10/07/2021 Time of Accident: 17:00 Hrs  
Place of Accident: Woodlands Ave 12  
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:

AMEND TO: OWN DAMAGED CLAIM

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Publicholder / Driver's Signature  
Date: 12/7/21

GRACE TAN  
Authorising Centre Branch/Manager's Signature  
Name: GRACE TAN  
Date: 12/7/2021