

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 17:10 (SGT)
Date of Accident 11/07/2021 01:05 (SGT)
Exact Location of Accident 29 Jln Pokok Serunai, Singapore 468164
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV1018Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Leow Poh Hoon (Liao BaoYun)
NRIC No S7102941G
Email Address NOEMAIL@AIG.COM
Mobile Phone No (Phone) +65-97229700
Alternative Phone No +65-97229700

VEHICLE PARTICULARS

Manufacturer Mini
Model Cooper
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 2070130974
Cover Note Number -

DRIVER

Name of Driver Chu Tim Tim
NRIC No S9918641J

Date Of Birth	24/05/1999
Occupation	Indoor
Date Of Driving Pass	26/02/2018
Driving experience	3 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97389700
Alt. Phone Number	-
Email Address	NOEMAIL@AIG.COM
Address	29 JALAN POKOK SERUNAI
Address complement	-
Postcode	468164
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 vehicle or property damaged?	No
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

It was a cross junction. I was doing a u-turn on the green light. I checked and did not see the vehicle as there was a slope from his side of the road. However

he sped and appeared suddenly. Therefore I hit the rear of his car.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No





