

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 27/07/2021 14:29 (SGT)
Date of Accident 24/07/2021 15:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information Along TPE towards town before KPE tunnel
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDM3686K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YEE BENG SOON
NRIC No S1608389E
Email Address noemail@aig.com
Mobile Phone No (Phone) +65-96694129
Alternative Phone No +65-96694129

VEHICLE PARTICULARS

Manufacturer Audi
Model Q3
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 Manual
CC 1395

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210032738
Cover Note Number -

DRIVER

Name of Driver Yee Huiyi
NRIC No S9109358H

Date Of Birth	15/03/1991
Occupation	Indoor
Date Of Driving Pass	15/05/2010
Driving experience	11 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92235379
Alt. Phone Number	-
Email Address	noemail@aig.com
Address	314B ANCHORVALE LINK
Address complement	ANCHORVALE GARDENS
Postcode	542314
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?	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	Ng Geok Puay
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

I was driving at the second lane of a 3 lane road along TPE towards town. Traffic was slow as there was an accident at the right lane just before entering into KPE tunnel. The car in front of me applied brake suddenly and I needed to jam brake to avoid collision. Managed to brake on time as I was maintaining a safe distance. However, the car behind me collided into me and the impact was so great that my car was hit twice and pushed forward.

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	video will be provided to w/shop
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV2668R
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90299028
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-













GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665506200 / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA01217R0009 Vehicle Registration No: SDM3686K
Name(as shown in NRIC) : Yee Beng Soon NRIC/FIN/Passport No : S1608389E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 314B Anchorvale Link #07-121 Singapore(542314)
Contact (Tel) : _____ Mobile No.: 96694129
Email Address : vinceyee63@gmail.com
Date of Accident : 24 July 2021 Time of Accident : 3pm
Place of Accident : Along TPE towards town direction
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:

To convert to own policy claim

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: