

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	24/08/2021 17:19 (SGT)
Date of Accident	24/08/2021 06:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Left lane turning from Clementi Avenue 2 to Clementi Road (rough location N1.3166606 E103.7714124)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2184C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Guo HengPing
NRIC No	S8087096E
Email Address	hengping.guo@gmail.com
Mobile Phone No	(Phone) +65-97701390
Alternative Phone No	+65-88086086

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900082948-01
Cover Note Number	-

DRIVER

Name of Driver	Guo HengPing
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NRIC No	S8087096E
Date Of Birth	02/01/1980
Occupation	Indoor
Date Of Driving Pass	06/08/2011
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-97701390
Alt. Phone Number	+65-88086086
Email Address	hengping.guo@gmail.com
Address	5 WEST COAST WALK
Address complement	PARC CONDOMINIUM #03-12 SINGAPORE
Postcode	127146
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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	Guo Yiya
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

Both cars were turning left to enter the main road (Clementi Road). The cars in front of us were moving smoothly into the main road and my attention was shortly focusing on monitoring the main road traffic from our right side. It was at just that short second that the other car in front of me stopped rather of a sudden. Upon noticing its stopping signal

I pressed the brake immediately and as hard as possible to stop my own car. Unfortunately because of the wet road condition just before being stopped my car's head collided with the other car's rear.

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	SHA2842Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-









