

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 22/09/2021 10:11 (SGT)
Date of Accident 21/09/2021 06:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information Collision - Head to Rear (I hit a third party vehicle)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL9375D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHOW CHUNG MING DANIEL
NRIC No S7931193F
Email Address chowdan@gmail.com
Mobile Phone No (Phone) +65-93873552
Alternative Phone No +65-93873552

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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 1339

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900098108-02
Cover Note Number -

DRIVER

Name of Driver MARGARETHA
NRIC No S7864083I

Date Of Birth	15/03/1978
Occupation	Indoor
Date Of Driving Pass	14/08/2013
Driving experience	8 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-93873552
Alt. Phone Number	-
Email Address	chowdan@gmail.com
Address	57 LUCKY VIEW
Address complement	-
Postcode	467485
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Chow Jia Zheng Evan
Gender	Male

PASSENGER 2

Name	Chow Jia Li Declan
Gender	Male

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

Upon seeing 2 other cars ahead of SMA9527D moving out of slip road of Upper East Coast Road to Bedok South Avenue 1 (in direction of ECP)

driver of SLL9375D started accelerating slowly while checking for oncoming traffic from Bedok South Avenue 1. Driver of SLL9375D did not notice that driver of SMA9527D had abruptly stopped his vehicle and thus impacted SMA9527D back bumper. Light scratches occurred due to minor impact at very low speed.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA9527D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97348553
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-















