

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 -
Date of Accident 02/10/2021 12:00 (SGT)
Exact Location of Accident Lor 30 Geylang, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW4542M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Sim Sock Cheng (Shen Xuezheng)
NRIC No [REDACTED]
Email Address [REDACTED]
Mobile Phone No [REDACTED]
Alternative Phone No [REDACTED]

VEHICLE PARTICULARS

Manufacturer Mazda
Model 2
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800021619-02
Cover Note Number -

DRIVER

Name of Driver Sim Sock Cheng (Shen Xuezheng)
NRIC No [REDACTED]

(Draft)

Date Of Birth [REDACTED]
Occupation [REDACTED]
Date Of Driving Pass [REDACTED]
Driving experience [REDACTED]
Gender Female
Mobile Number [REDACTED]
Alt. Phone Number [REDACTED]
Email Address [REDACTED]
Address [REDACTED]
Address complement -
Postcode 440032
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 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) 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

Please refer to sketch plan.

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 The video is with the owner.
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

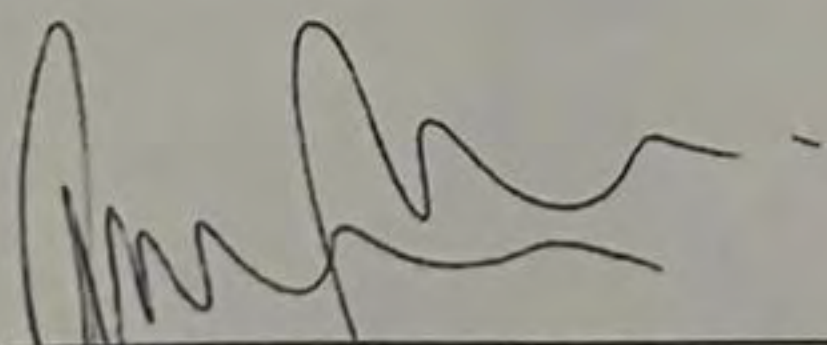
Vehicle Registration Number SKJ8709D
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -

Describe Circumstances of the Accident

Accident happened on Sat Oct 27 @ about 12pm whilst waiting at
Korong 30 waiting to turn left onto the main road, vehicle B
(SKJ 8309D) came along and knocked me from behind. Per
the driver, the load in her car shifted and she was trying to right
them to avoid spillage hence failed to brake in time.

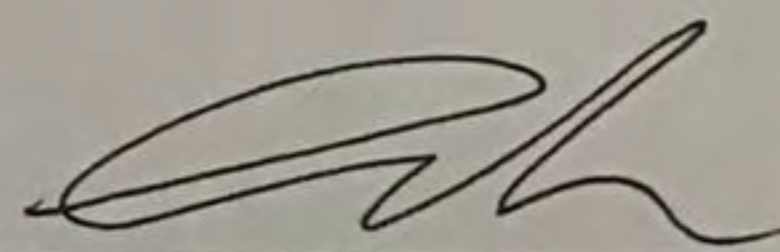
Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time Oct 4, 2021
1:48 pm

Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel Angie Soh

(Draft)

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -