

## 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 ..... 26/10/2021 16:47 (SGT)  
Date of Accident ..... 11/10/2021 11:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Jurong West Street 93  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDM693J

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Lian Chuen Pei  
NRIC No ..... S6922417B  
Email Address ..... ddsixe@gmail.com  
Mobile Phone No ..... (Phone) +65-98245224  
Alternative Phone No ..... +65-98245224

#### VEHICLE PARTICULARS

Manufacturer ..... Subaru  
Model ..... NEW FORESTER 2.0XT  
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 ..... 2100484396-05  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... KONG WAI LEONG  
NRIC No ..... S6807113E

Date Of Birth .....	18/02/1968
Occupation .....	Indoor
Date Of Driving Pass .....	22/08/2001
Driving experience .....	20 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98245224
Alt. Phone Number .....	-
Email Address .....	ddsixe@gmail.com
Address .....	666B Jurong West Street 65
Address complement .....	#13-207 SINGAPORE
Postcode .....	642666
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) .....	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? .....	Yes
Police Station Name .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

On the above mentioned date

time and location

I was driving along Jurong West Street 93. When I was about to make a right turn into Caltex petrol station

a red motorcycle bearing number (FBQ4145B) hit onto my left rear bumper of my vehicle. My car suffered slight damage on the left rear bumper and the motorcycle suffered damage on the front side of his bike. I did not have any injuries but the rider sustained abrasion and cut on the left forearm. Particulars for both parties were exchanged. I have in-car camera footage of the incident. I wish to state that I am lodging this report as I am unsure what might happen.

#### 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 .....	INSD DID NOT PROVIDE VIDEO FOOTAGE
Was there any audio recorded? .....	Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBQ4145B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	(Phone) +65-91155045
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-







