

# 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 ..... 25/10/2021 11:07 (SGT)  
Date of Accident ..... 24/10/2021 12:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 110 tanjong Rhu Camelot by the bay carpark  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGV2307D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Chong Jia Hui Levina  
NRIC No ..... S8035453C  
Email Address ..... jemmylevina@gmail.com  
Mobile Phone No ..... (Phone) +65-96833236  
Alternative Phone No ..... +65-96833236

### VEHICLE PARTICULARS

Manufacturer ..... Mini  
Model ..... Mini  
Variant ..... F55 MINI ONE 1.2  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1198

### INSURANCE COMPANY

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

### DRIVER

Name of Driver ..... Jemmy Suryanto  
NRIC No ..... S7678586D

Date Of Birth .....	05/02/1976
Occupation .....	Indoor
Date Of Driving Pass .....	24/11/2001
Driving experience .....	19 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96833236
Alt. Phone Number .....	-
Email Address .....	jemmylevina@gmail.com
Address .....	51C LENGKONG EMPAT
Address complement .....	#11-03 SINGAPORE
Postcode .....	417660
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Levina Chong
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

Car was reversing out of lot when traffic was clear. Oncoming vehicle appeared and hit against rear right. Car bumper and light damaged.

#### 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

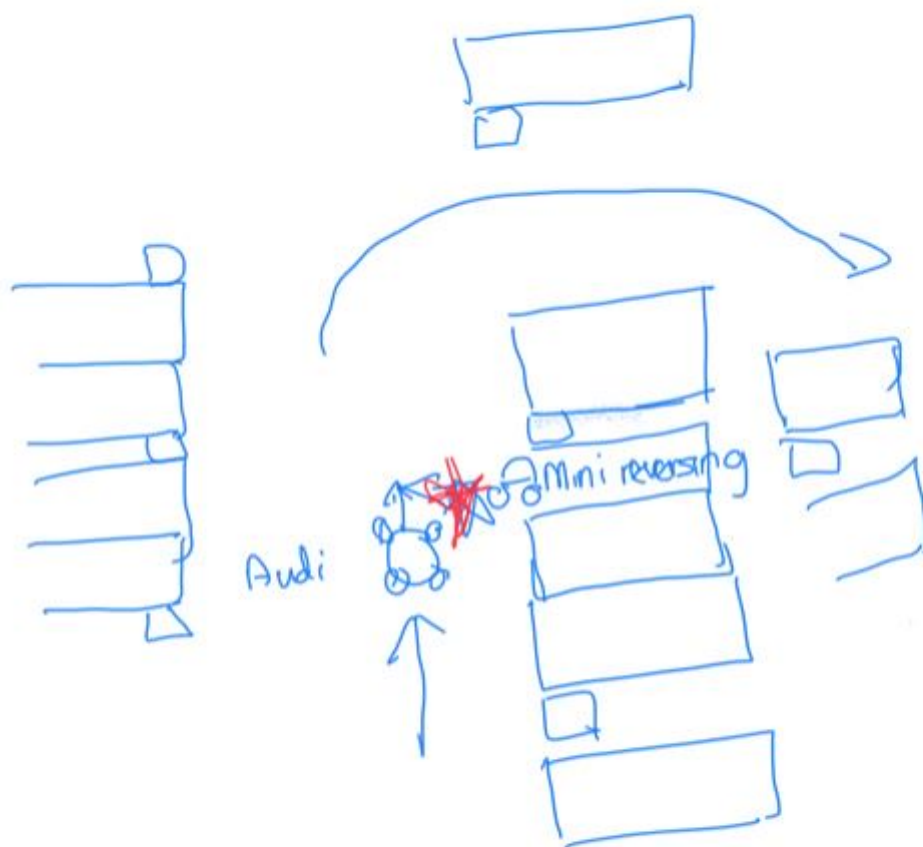
Vehicle Registration Number .....	SMY2547R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

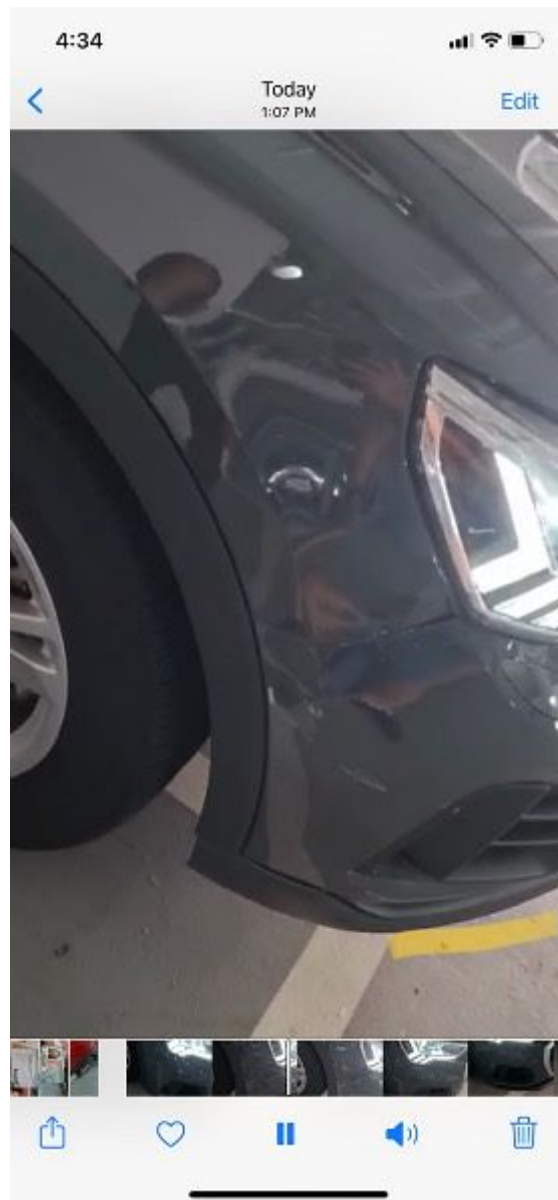
Vehicle Category .....	Private car
Name of Driver .....	SHIVKUMAR ARPITHA
Contact Number .....	(Phone) +65-83887484
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### WITNESS DETAILS

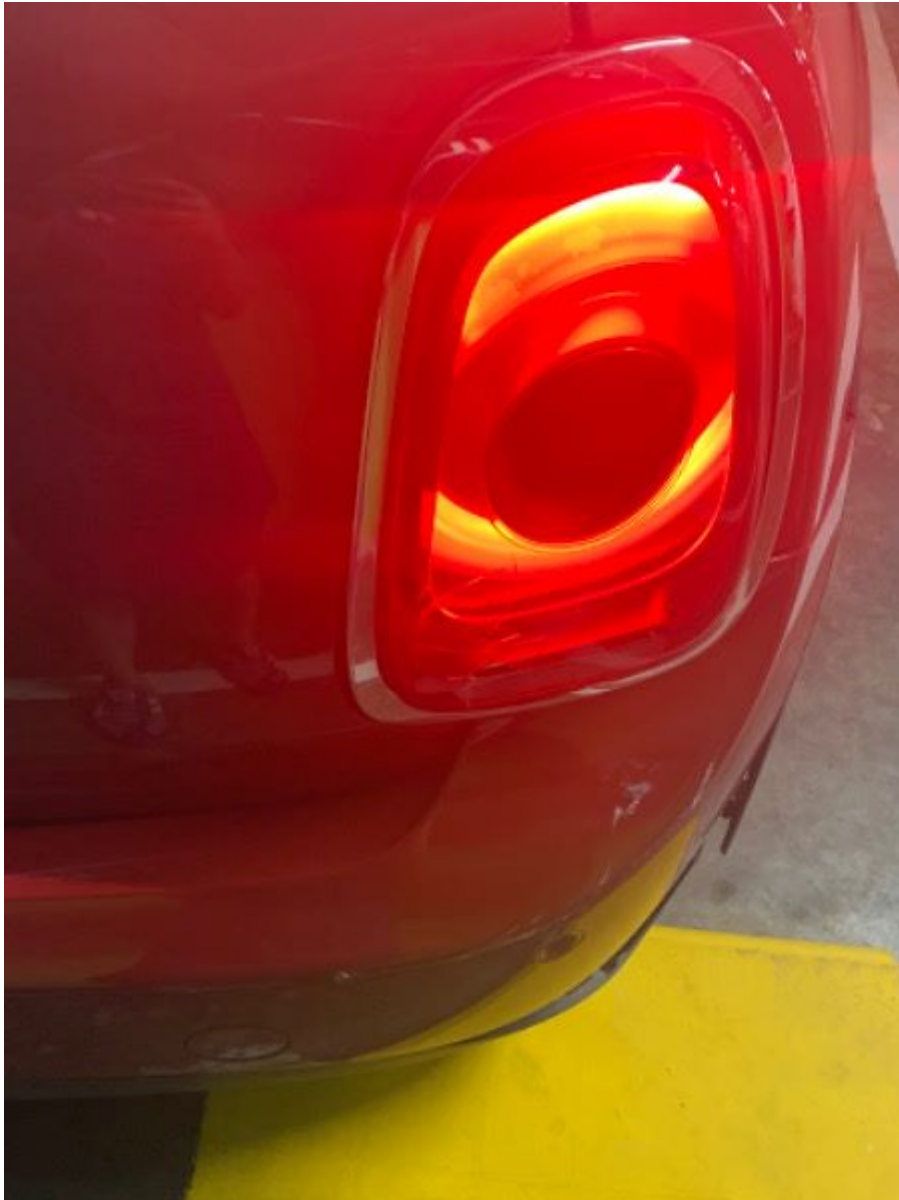
##### WITNESS 1

Name .....	Levina Chong
Phone .....	(Phone) +65-96833236
Email .....	levinachong@gmail.com













**IMPORTANT NOTE:** Please submit the completed Addendum form to the samg Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA0121AP0006 Vehicle Registration No: SGV2307D  
 Name (as shown in NRIC): Jemmy Suryanto NRIC/FIN/Passport No: S7678586D  
 (\*Vehicle Driver/~~Vehicle Owner~~) (\*) Please delete as appropriate  
 Address: 51C Lengkong Empat, #11-03 Astor Singapore (417660)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 93892531  
 Email Address: jemmylevina@gmail.com  
 Date of Accident: 24 Oct 2021 Time of Accident: 12:40  
 Place of Accident: 110 Tanjong Rhu, Camelot by the bay carpark  
 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:

*Details of own vehicle*  
 Insured/Policyholder:  
 email address: jemmylevina@gmail.com  
*To amend from reporting to Third Party Claim.*  
*Driver details:*  
 Jemmy Suryanto  
 DOB: 5 Feb 1976  
 Date of Driving Pass: 24 Nov 2001  
 Driving experience: 20  
 Mobile number: +65 93892531  
 Address: 51C Lengkong Empat  
*Details of other vehicle*  
 Name of Driver: Shivkumar Arpitha  
 No. Of Passenger (including driver): 2

Policyholder / Driver's Signature  
 Date: 27 Oct 2021

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