

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 19/11/2021 13:23 (SGT)
Date of Accident 13/11/2021 11:30 (SGT)
Exact Location of Accident Tuas Rd, Singapore
Additional Location Information TUAS ROUNDABOUT FLYOVER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP8465J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LONG WEI CONSTRUCTION & ENGINEERING WORKS
Company Reg No 201000246H
Email Address chongcy@longwei.com.sg
Mobile Phone No (Phone) +65-63331025
Alternative Phone No +65-63331025

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fuso
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 3000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070063851-01
Cover Note Number -

DRIVER

Name of Driver CHUA ANN KIAN
NRIC No S1322003D

Date Of Birth	02/08/1957
Occupation	Outdoor
Date Of Driving Pass	04/08/1975
Driving experience	46 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83588189
Alt. Phone Number	-
Email Address	chongcy@longwei.com.sg
Address	BLK 463 JURONG WEST STREET 41 #07-576
Address complement	-
Postcode	640463
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Roundabout
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	THAN NAING KYU
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

REFER TO ATTACHMENT
COLLISION-HEAD TO SIDE

ATTACHMENT(S)

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

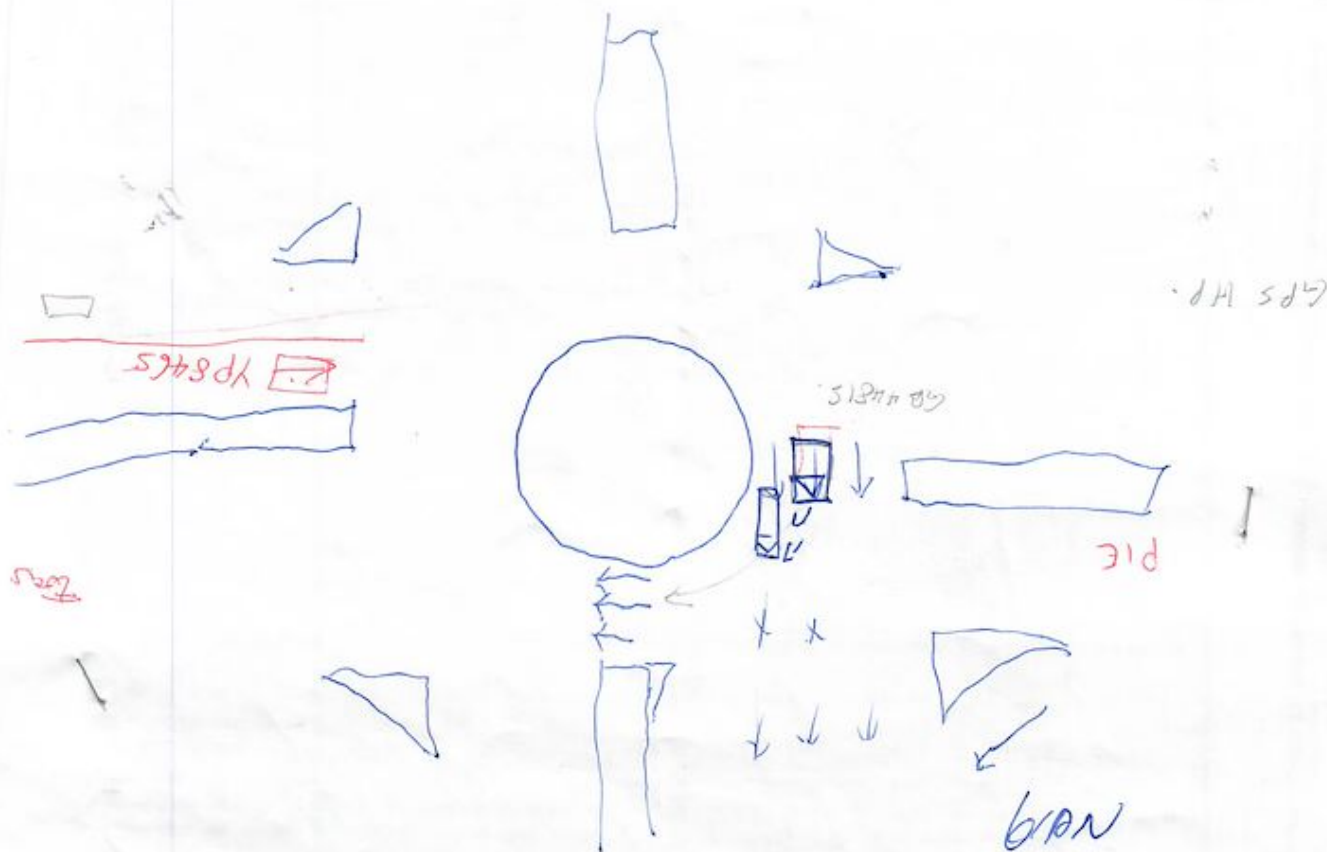
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ4481S
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White

Vehicle Category	Commercial vehicle
Name of Driver	YAP KWANG YAO
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PLS SEE ATTACHED SKETCH PLAN

Describe Circumstances of the Accident

I WAS DRIVING ALONG GOING STRAIGHT TO
CITY WHEN SUDDENLY VEHICLE B
MAKE A RIGHT TURN HITTING MY
LOBBY

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

6/10/20

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

fjh

Witnessed by Reporting Centre Personnel















