

## 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 ..... 22/11/2021 11:17 (SGT)  
Date of Accident ..... 21/11/2021 12:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Great World City Kim Seng Rd  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLW1792C

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Chou Kin Sang(Zhao Qingsheng)  
NRIC No ..... S7109178C  
Email Address ..... warriorlight12@gmail.com  
Mobile Phone No ..... (Phone) +65-92383178  
Alternative Phone No ..... +65-98766295

#### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Cerato  
Variant ..... Cerato K3 1.6 EX  
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 ..... 1591

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800008235-02  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... Chou Kin Sang(Zhao Qingsheng)  
NRIC No ..... S7109178C

Date Of Birth .....	18/03/1971
Occupation .....	Indoor
Date Of Driving Pass .....	22/04/1999
Driving experience .....	22 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92383178
Alt. Phone Number .....	+65-98766295
Email Address .....	warriorlight12@gmail.com
Address .....	43 JALAN TIGA
Address complement .....	#12-20 SINGAPORE
Postcode .....	-
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

R2000008079      Circumstances Of Accident      Moving on to Kim Seng Rd from the Car park exit of Great World City. My car got hit at the rear as I stopped to look out for traffic when I was still on the Car park exit.

#### 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 .....	VIDEO NOT PROVIDED
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

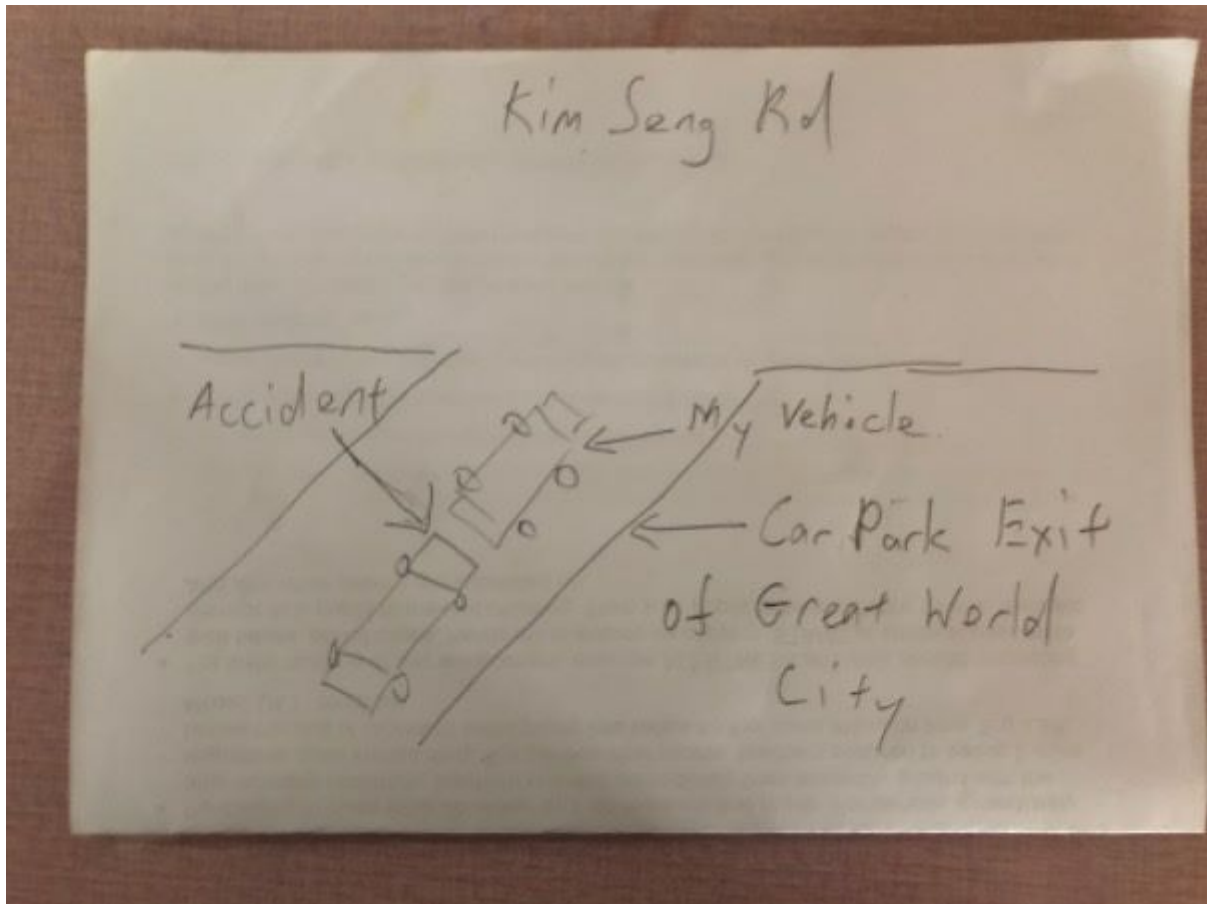
Vehicle Registration Number .....	SMH3166P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-93669787

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

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-











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

### ADDENDUM

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

Original Report No: SA 0121BM 000C Vehicle Registration No: SLW 1792C  
 Name (as shown in NRIC): Choo Kin Sang NRIC/FIN/Passport No: 5710917AC  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): ~~4238478~~ Mobile No.: 8484 1728  
 Email Address: \_\_\_\_\_  
 Date of Accident: 21.11.2021 Time of Accident: 12:15pm  
 Place of Accident: Great world city kin seng rd  
 Insurance Company: AI/G

**(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:

change to Third party claim.

Add third party car insurance AI/G

Add video footage

Policyholder / Driver's Signature  
Date:

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

GLARMC Addendum Form