

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 20/12/2021 11:59 (SGT)
Date of Accident 18/12/2021 20:52 (SGT)
Exact Location of Accident Singapore
Additional Location Information Along Lornie Highway after Adam Dr/Sime Rd/Lornie Rd exit.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD6983Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Ong Tiong Heo
NRIC No S1416248H
Email Address ongtheo@hotmail.com
Mobile Phone No (Phone) +65-98620515
Alternative Phone No +65-67743501

VEHICLE PARTICULARS

Manufacturer Mazda
Model 6
Variant 6 2.0 SKYACTIV
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 1800103755-02
Cover Note Number -

DRIVER

Name of Driver Ong Jun Xiang
NRIC No S9718639A

Date Of Birth	01/06/1997
Occupation	Indoor
Date Of Driving Pass	15/12/2017
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-96530281
Alt. Phone Number	-
Email Address	NOEMAIL@AIG.COM
Address	10 DOVER RISE
Address complement	HERITAGE VIEW
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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

R2000008164 Circumstances Of Accident I was about to change lane but upon seeing the lorry infront of me doing a lane change

I decided to stay back in my original lane. The taxi behind me on lane 1 was moving at a fast speed and came very close hitting the right rear of my car.

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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD374E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-86668997
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-









