

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 28/12/2021 15:43 (SGT)
Date of Accident 24/12/2021 11:45 (SGT)
Exact Location of Accident Frankel Ave, Singapore
Additional Location Information JUNCTION WITH EAST COAST ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBL163B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHIEW JIAR SING @ KIEW AH TIAW
NRIC No SXXXX463F
Email Address chiewjs2015@gmail.com
Mobile Phone No (Phone) +65-96321246
Alternative Phone No +65-96321246

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
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 1900243536-02
Cover Note Number -

DRIVER

Name of Driver CHIEW JIAR SING @ KIEW AH TIAW
NRIC No SXXXX463F

Date Of Birth	10/09/1942
Occupation	Indoor
Date Of Driving Pass	11/07/1972
Driving experience	49 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96321246
Alt. Phone Number	+65-96321246
Email Address	chiewjs2015@gmail.com
Address	44 JALAN SELAMAT
Address complement	-
Postcode	418569
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 - Major/Minor Rd
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

PLEASE REFER TO SKETCH PLAN

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	GBF2626B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MR YEO
Contact Number	(Phone) +65-90102733
Address	-
Address complement	-


Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

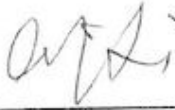
Describe Circumstances of the Accident

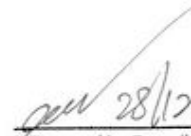
On the above date and time, I was travelling along Frankel Ave turning right into East Coast Road. As the traffic light turn green and I proceed toward East Coast Road, Suddenly a Van bearing plate number GBF 2626 B dash out from my right and collided onto my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time


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

 28/12/2021
 Witnessed by Reporting Centre Personnel















