

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 10/01/2022 17:12 (SGT)
Date of Accident 09/01/2022 00:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information Kampong Java road outside KK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDD5420U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Tan Soo Hua
NRIC No S0117958F
Email Address tarish@gmail.com
Mobile Phone No (Phone) +65-90183238
Alternative Phone No +65-90183238

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant COROLLA ALTIS 1.6 DUAL
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 1598

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100490889-04
Cover Note Number -

DRIVER

Name of Driver Tan Qing Yin Edward
NRIC No S8637284C

Date Of Birth	27/12/1986
Occupation	Indoor
Date Of Driving Pass	29/04/2014
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82283326
Alt. Phone Number	-
Email Address	noemail@aig.com
Address	9 EUNOS CRESCENT
Address complement	-
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Adeline Ee
Gender	Female

PASSENGER 2

Name	Sarah Tan
Gender	Female

PASSENGER 3

Name	James Tan-
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

R2000008241 Circumstances Of Accident I was in vehicle 2 behind vehicle 1 on the filter lane turning left. Vehicle 1 turned out onto the main road partway then stopped and I bumped into them from behind. As the accident was at a low speed there was no damage to vehicle 2 and some denting on vehicle 1's back bumper.

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	SJY3365C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-92292136
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



