

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 10:34 (SGT)
Date of Accident 08/01/2022 11:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information Adam road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK3118M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG PING PING
NRIC No S7777621D
Email Address NOEMAIL@AIG.COM
Mobile Phone No (Phone) +65-91732077
Alternative Phone No +65-87796049

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Gla180
Variant -
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1595

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900077569-02
Cover Note Number -

DRIVER

Name of Driver WONG PING PING
NRIC No S7777621D

Date Of Birth	03/05/1977
Occupation	Indoor
Date Of Driving Pass	23/08/2003
Driving experience	18 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91732077
Alt. Phone Number	+65-87796049
Email Address	NOEMAIL@AIG.COM
Address	33 JALAN TERANG BULAN
Address complement	-
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	3
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Wong Kar Lai
Gender	Female

PASSENGER 2

Name	Hailey Chin Min Hwei
Gender	Female

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

R2000008232 Circumstances Of Accident Vehicle 1 (SKR6513) filtered into my lane abruptly without looking. My car (SMK3118M) which is Vehicle 2 managed to break fully in time to allow Vehicle 1 to filter into my lane but Vehicle 3 (GBK6054Z) did not stop in time and crash into my car

causing my car to hit Vehicle 1. There were construction work in the middle of the road but Vehicle 1 filtered out irresponsibly without looking out for traffic. See my car rear and front camera recordings.

ATTACHMENT(S)

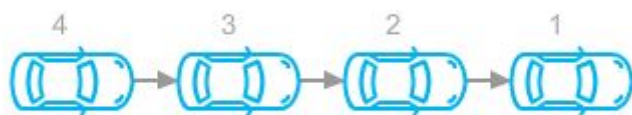
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO NOT PROVIDED
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK6054Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKR6513Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-













GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA01221A0002 Vehicle Registration No: SMK3118M
Name (as shown in NRIC) : WONG PING PING NRIC/FIN/Passport No : S7777621D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 08/01/2022 Time of Accident : 11:55
Place of Accident : Adam road
Insurance Company: AIG

(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:

I WOULD LIKE TO REVERT TO OWN DAMAGE CLAIM THEN PROCEED WITH RECOVERY

Policyholder / Driver's Signature
Date: 10/01/2022

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

GIARMC addendumform_V3



