

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 11/04/2022 10:51 (SGT)
Date of Accident 10/04/2022 10:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information Junction of Boon Lay Way and Jurong Town Hall Road toward Chinese Garden MRT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA1181U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Tong Yen Sng (Zhang Yansheng)
NRIC No S7508512E
Email Address NOEMAIL@AIG.COM
Mobile Phone No (Phone) +65-96394757
Alternative Phone No +65-82018999

VEHICLE PARTICULARS

Manufacturer Nissan
Model Serena
Variant Serena E-Power
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 1198

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070161710
Cover Note Number -

DRIVER

Name of Driver Tong Yen Sng (Zhang Yansheng)

NRIC No	S7508512E
Date Of Birth	16/03/1975
Occupation	Indoor
Date Of Driving Pass	28/10/1998
Driving experience	23 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96394757
Alt. Phone Number	+65-82018999
Email Address	NOEMAIL@AIG.COM
Address	550 JURONG WEST STREET 42
Address complement	#07-239 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SON
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

R2000008614 Circumstances Of Accident @the junction of Boon Lay Way & Jurong Town Hall Road towards Chinese Garden MRT station. applied braking and my vehicle move slowly forward

and hit very mild on the rear of SHB1169K. no physical damage or scratches seen on the rear

already email to the taxi company (strides)

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	SHB1169K
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-82018999
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-





