

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 22/04/2022 09:23 (SGT)
Date of Accident 21/04/2022 09:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information 2 Bukit Batok Street 52

Country/State of Loss SG 659243
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ6794H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Lo Guo Qiang
NRIC No S2765281F
Email Address logq@advmf.com
Mobile Phone No (Phone) +65-91004483
Alternative Phone No +65-91004483

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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? 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 2100395976-07
Cover Note Number -

DRIVER

Name of Driver	Shi Huijun
NRIC No	G0761225M
Date Of Birth	04/11/1980
Occupation	Indoor
Date Of Driving Pass	18/12/2014
Driving experience	7 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92396185
Alt. Phone Number	-
Email Address	NOEMAIL@AIG.COM
Address	50 Toh Tuck Road
Address complement	Signature Park Condo #07-01 SINGAPORE
Postcode	596741
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Raining
Road Surface	Wet

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

SKQ6794H and SJZ204Z were in static waiting for traffic to move. When SKQ6794H saw others starting moving and though SJZ204Z would have been moving as well

so she slightly lifted up the break and then realized SJZ204Z did not move yet

and then it was too late as she stepped back the break to stop SKQ6794H. So it was small head-rear case but damages in both cars are obvious.

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	SJZ204Z
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91813705
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-









