

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 11/05/2022 12:46 (SGT)
Date of Accident 11/05/2022 08:30 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information TOWARDS WOODLANDS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH9091T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMED TAUFİK BIN ABDUL AZİZ
NRIC No SXXXX972H
Email Address taufikzz@yahoo.com.sg
Mobile Phone No (Phone) +65-90233715
Alternative Phone No +65-90233715

VEHICLE PARTICULARS

Manufacturer Citroen
Model Ds5
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 1560

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070012775-02
Cover Note Number -

DRIVER

Name of Driver MOHAMED TAUFİK BIN ABDUL AZİZ
NRIC No SXXXX972H

Date Of Birth	19/07/1970
Occupation	Indoor
Date Of Driving Pass	07/11/1994
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90233715
Alt. Phone Number	+65-90233715
Email Address	taufikzz@yahoo.com.sg
Address	BLK 809 TAMPINES AVENUE 4 #03-153
Address complement	-
Postcode	520809
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	GBE1405J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJE8307T
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED TAUFIK BIN ABDUL AZIZ
Gender	Male
Phone No	(Phone) +65-90233715
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLH9091T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

on 11/05/22 @ 8:30am, Travelling along SLE towards Woodlands, Heavy traffic, I was travelling very slowly, suddenly GBE 140SJ hit the rear of my car, fuel impact caused my car to move forward & hit SLE 8307T. I feel discomfort after the accident and will consult doctor.

[Signature]

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 11/05/2022
Witnessed by Reporting Centre Personnel













































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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08225B0002 Vehicle Registration No: SLH90917
 Name (as shown in NRIC): MOHAMMED TAUFIK BIN ABUL AZIZ NRIC/FIN/Passport No: SXXXX972H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 90233715
 Email Address: _____
 Date of Accident: 11/05/2022 Time of Accident: 08:30
 Place of Accident: SPR TOWARDS WOODLANDS
 Insurance Company: ALG

(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:

INJURED PARTY NAME TO: MOHAMMED TAUFIK BIN ABUL AZIZ

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROSE WINTERS
NRIC/FIN No.: _____
Date: 11/05/2022