

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	05/07/2022 18:08 (SGT)
Reported by	Driver
Date of Accident	04/07/2022 11:05 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	RIGHT TURN JUNCTIN TO ANG MO KIO AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA7985C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JKH TRANSPORT
Company Reg No	5XXXXX831K
Email Address	kenny_vbs@yahoo.com.sg
Mobile Phone No	(Phone) +65-81018865
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070087474-02

DRIVER

Name of Driver	LEW KOK GIAN
NRIC No	SXXXX064I
Date Of Birth	05/03/1966
Occupation	Outdoor

Date Of Driving Pass	28/07/1988
Driving experience	34 YEARS
Gender	Male
Mobile Number	(Phone) +65-81018865
Alt. Phone Number	-
Email Address	kenny_vbs@yahoo.com.sg
Address	BLK 212 BUKIT BATOK STREET 21 #01-245
Address complement	-
Postcode	650212
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	GRAB PAX
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX339E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	J.J.
Contact Number	(Phone) +65-93361068
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	LEW KOK GIAN
Gender	Male
Phone No	(Phone) +65-81018865
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMA7985C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

On mentioned date and time I was at the said junction. When the green arrow light turn green, I proceed to make a right turn into AMK Ave3. In the midst of the junction, suddenly veh X from the opposite direction drive toward my direction. I immediately jam my brake to prevent head on collision with veh X. Immediate after I stopped, at the same time veh B rear ended my vehicle. After the collision impact, I feel uncomfortable. If need to, I may consult doctor for it.

X *[Signature]*

Declaration

We declare the foregoing particulars are true in every respect.

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Policyholder's Signature / Date & Time

X

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

[Signature] 05/07/2022































