

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	13/07/2022 11:02 (SGT)
Reported by	Owner
Date of Accident	12/07/2022 11:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Bedok South Ave 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT4166U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG KIM HOCK
NRIC No	S1531021I
Email Address	angkimhock@gmail.com
Mobile Phone No	(Phone) +65-96286102
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	A4 Sedan 2.0 TFSI S tronic
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070091126-02

DRIVER

Name of Driver	KIMBERLY ANG MIN YI
NRIC No	S9542460J
Date Of Birth	19/11/1995
Occupation	Indoor

Date Of Driving Pass	04/11/2014
Driving experience	7 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96286102
Alt. Phone Number	-
Email Address	NOEMAIL@AIG.COM
Address	5 JALAN HAJUJAH
Address complement	#01-02 LANDBAY CONDOMINIUM
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	Yes
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)	1
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	KES7592
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002419999
Alt. Police Station Phone No	(Fax) +65-64431687
Police Station Address	Blk 15 Bedok South Road #01-117 Singapore 460015
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

at 11.40AM

I was driving vehicle SMT4166U along ECP and exited towards Bedok South Ave 1. Upon reaching the filter lane to merge into Bedok South Ave 1

I slowed down as there was a motorcycle in front of me and to check for oncoming traffic. As I'm under the weather today with a runny nose

I was wiping my nose and as i was doing so

the motorcycle came to a stop at the merging lane

I applied the brakes but could not come to a stop in time and hit the rear of the motorcycle. The rider fell off the motorcycle. I got out of the car to check if he was okay

and asked if he needed me to call an ambulance. He declined despite multiple offers

he said he was okay and needed to call his boss. Shortly after

his boss and another man came down

they moved the motorcycle to the side of the road. I reversed my vehicle to the chevron markings which merge the road. Thereafter

i proceeded to join them at the side of the road

once again

I asked if the rider needed to go to the hospital

I could call an ambulance. The rider's boss said that no need and that he will take him to the clinic for a check up and subsequently lodge a police report. I have a car camera installed and the whole incident was recorded.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	KES7592
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-86694822
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

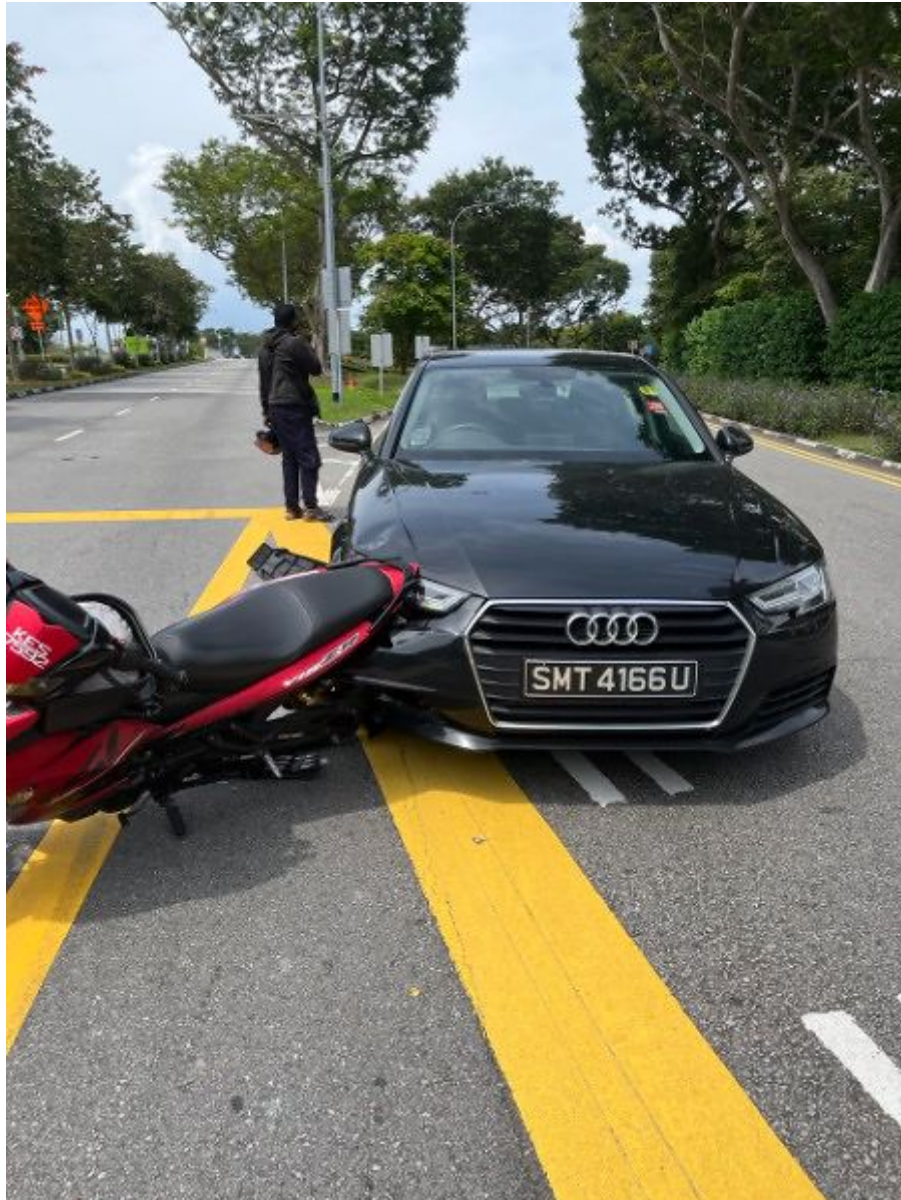
INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-

Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -











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 : SA01227 D001 Vehicle Registration No: SMT 4166U
Name (as shown in NRIC) : Ang Kim Hock / Kimberly Ang Min Yi NRIC/FIN/Passport No : S1531021I / S4542460J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 5 Jalan Hajjah #01-02 Landbay Condominium Singapore (468700)
Contact (Tel) : _____ Mobile No. : 96280547
Email Address : kimberlyangmy@outlook.com
Date of Accident : 12/07/2022 Time of Accident : 11:40 am
Place of Accident : Bedok South Ave 1
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:

To Amend to claiming own policy.

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Policyholder / Driver's Signature
Date:

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



