

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	08/08/2022 10:35 (SGT)
Reported by	Owner
Date of Accident	07/08/2022 06:58 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Hougang Avenue 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX6171R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Khoo Ngiap Seng (Xu YeCheng)
NRIC No	S7830599A
Email Address	NOEMAIL@AIG.COM
Mobile Phone No	(Phone) +65-97453394
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210114809

DRIVER

Name of Driver	TAN LI JUM
NRIC No	S8035806G
Date Of Birth	10/11/1980
Occupation	Indoor

Date Of Driving Pass	17/05/2002
Driving experience	20 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97453394
Alt. Phone Number	-
Email Address	noemail@aig.com
Address	20 UPPER SERANGOON VIEW
Address complement	RIO VISTA #10-18 SINGAPORE
Postcode	-
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	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)	3
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	Darence Khoo Jun Kai
Gender	Male

PASSENGER 2

Name	Claudia Khoo Yan Xi
Gender	Female

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

R2000009053 Circumstances Of Accident My car SMC9827C hit onto SLC3707S while turning right from Hougang Ave 10 into Hougang Ave 8 when SLC3707S did a sudden brake to allow a bicycle to cross the traffic junction. Driver of SLC3707S drove off immediately after the incident without stopping.

ATTACHMENT(S)

Are accident photos available for attachment?	No
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	SLC3707S
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)	-

