

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 Actual 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 15/11/2022 10:46 (SGT)
Reported by Both
Date of Accident 06/11/2022 10:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information near 83 Cairnhill Rd Singapore 229685
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN2455S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WISE YUKA
NRIC No G3192583K
Email Address yuka.wise@gmail.com
Mobile Phone No (Phone) +65-91568148
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Subaru
Model Forester
Variant New Forester 2.0XT
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 1998

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 7210055199-01

DRIVER

Name of Driver WISE YUKA
NRIC No G3192583K
Date Of Birth 02/05/1979
Occupation Indoor

Date Of Driving Pass	04/02/2021
Driving experience	1 YEAR AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91568148
Alt. Phone Number	-
Email Address	yuka.wise@gmail.com
Address	30 MOUNT ELIZABETH
Address complement	HIGH POINT #16-32 SINGAPORE
Postcode	228519
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	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)	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	James Arata Eldridge Wise
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

SLE1948R was at the red traffic light at the intersection of Carinhill Road and Scotts Road. My vehicle SLN2455S collided to the rear of SLE1948R.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE1948R
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93449749
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

