

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	15/12/2022 11:12 (SGT)
Reported by	Both
Date of Accident	14/12/2022 09:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE under the jurong east flyover bridge
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW7077G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YAHYA BIN EMBI
NRIC No	S1221117A
Email Address	amiridz2004@yahoo.com
Mobile Phone No	(Phone) +65-91288566
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	V60
Variant	V60 Cross Country T5
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	1969

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100438060-07

DRIVER

Name of Driver	SHARON Magdalene ZHONG weiling
NRIC No	S8509147F
Date Of Birth	29/03/1985
Occupation	Indoor

Date Of Driving Pass	18/05/2015
Driving experience	7 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96682650
Alt. Phone Number	-
Email Address	NOEMAIL@AIG.COM
Address	38A Pine Lane #02-22
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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)	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	-

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

R2000009507 Circumstances Of Accident I was travelling at 60km per hr for around 1km before colliding. The car in front was going slow

and was signaling to go right. While changing lane

his car suddenly jam brake and I hit the brakes too but still crashed into his rear. After colliding

I noticed there were 2 other cars up in front very close to the car that I hit. I asked the driver and he said they braked suddenly

so he had to brake.

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	SNG834H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	(Phone) +65-82396138
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-







