

## 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	16/01/2023 12:08 (SGT)
Reported by	Both
Date of Accident	14/01/2023 19:49 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along the PIE close to exit 8B where keeping left would lead to KPE(ECP)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS2621R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Soh Wen Ming
NRIC No	S8318293H
Email Address	NOEMAIL@AIG.COM
Mobile Phone No	(Phone) +65-93847096
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	3 1.5 SKYACTIV
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220086984

#### DRIVER

Name of Driver	Soh Wen Ming
NRIC No	S8318293H
Date Of Birth	15/06/1983

Occupation .....	Indoor
Date Of Driving Pass .....	04/10/2010
Driving experience .....	12 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93847096
Alt. Phone Number .....	-
Email Address .....	NOEMAIL@AIG.COM
Address .....	31 MARINE CRESCENT
Address complement .....	MARINE CRESCENT VILLE #04-139 SINGAPORE
Postcode .....	-
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) .....	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

R2000009637      Circumstances Of Accident      Traffic was moving along the highway

when in front of me a few cars braked. The lorry behind me did not brake in time

and thus hit me from behind.

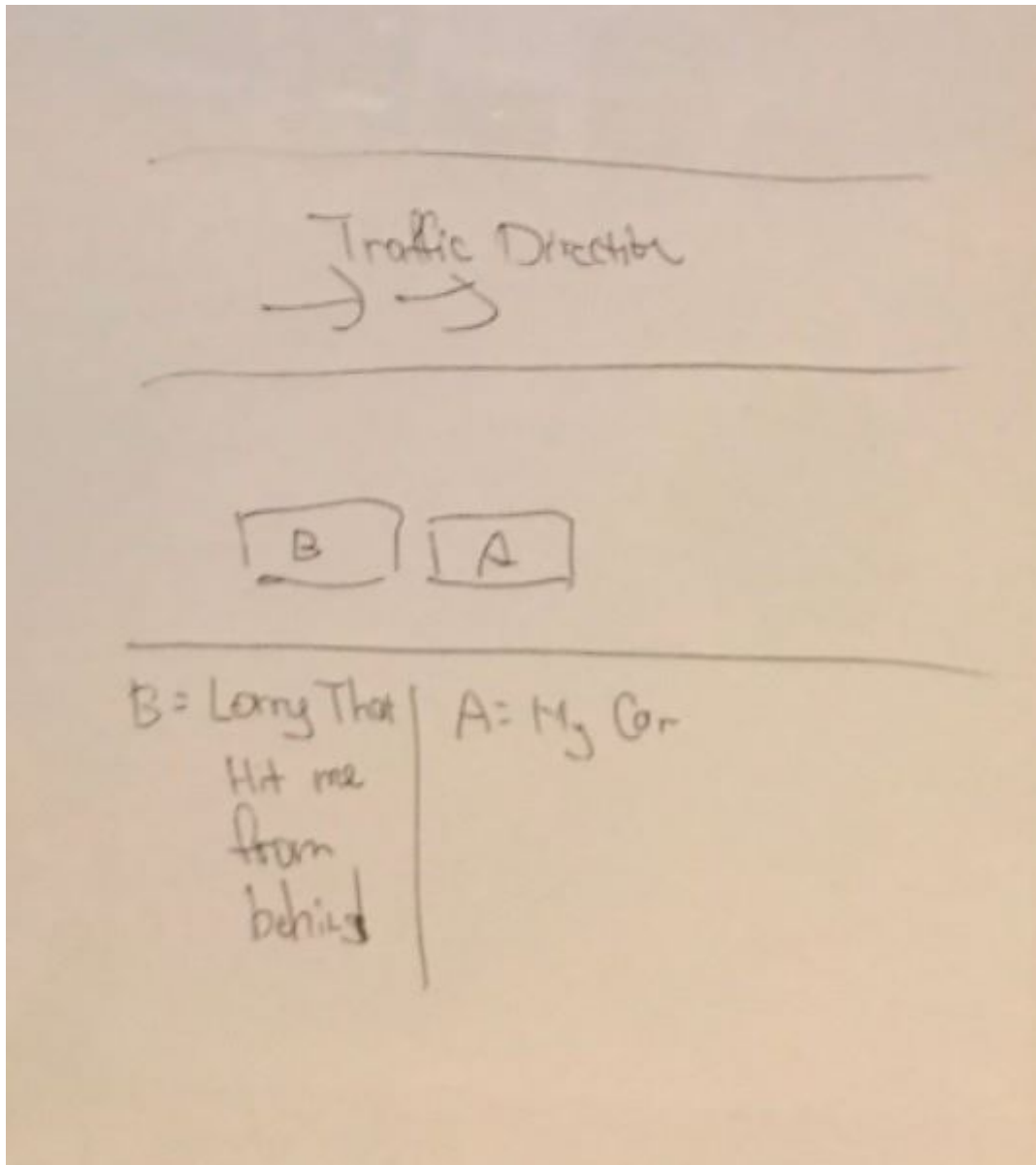
#### ATTACHMENT(S)

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 .....	GY9503S
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
Name of Driver .....	-
Contact Number .....	(Phone) +65-82142953
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

















**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 : SA01231G000C Vehicle Registration No: SM8262R  
Name (as shown in NRIC) : Soh Wen Ming NRIC/FIN/Passport No : S83182934  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 31 Marine Crescent #04-139 Singapore (440031)  
Contact (Tel) : - Mobile No. : 938471096  
Email Address : wenming.soh@gmail.com  
Date of Accident : 14/01/2023 Time of Accident : 2pm  
Place of Accident : Along the PSE road to exit SR  
Insurance Company: AIG Asia Pacific Insurance Pte Ltd

#### (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:

I had made a report online under "Are you claiming under your own insurance policy for repair to your vehicle" and entered "No-Reporting Only"

I require your help to change it to claim against third party.

Policyholder / Driver's Signature  
Date: 16/02/2023

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