

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 26/01/2023 17:42 (SGT)
Reported by Driver
Date of Accident 21/01/2023 16:10 (SGT)
Exact Location of Accident Alexandra Rd, Singapore
Additional Location Information JUNCTION OF COMMONWEALTH AVENUE TOWARDS
DAWSON
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GY14X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KUEHS AND SNACKS
Company Reg No 5XXXX435B
Email Address gohweijie91@gmail.com
Mobile Phone No (Phone) +65-90223062
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model L300
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2477

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 1900232376-03

DRIVER

Name of Driver GOH WEI JIE
NRIC No SXXXX746J
Date Of Birth 04/01/1991

Occupation	Indoor
Date Of Driving Pass	27/09/2010
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96234236
Alt. Phone Number	-
Email Address	gohweijie91@gmail.com
Address	BLK 125 BUKIT MERAH LANE 1 #01-164
Address complement	-
Postcode	150125
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDD7888R
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BEBE SERELLI LEE

NRIC No	SXXXX821D
Contact Number	(Phone) +65-83336858
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNG9686J
Vehicle Manufacturer	Lexus
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	XIN XIAODONG
NRIC No	SXXXX860I
Contact Number	(Phone) +65-90231687
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

Date of Accident: 21 Jun 2023

Time of Accident: Approx 10:10 AM

Location of Accident: Junction of Alexandra Road ~~to~~ and Commonwealth Ave, Alexandra Road towards Dawson/Strathmore.

~~Alexandra~~

The traffic light was red for the road towards Dawson/~~Alexandra~~ Strathmore. My van and the Lexus in front are at a complete stop in the centre lane. Lexus was the first car in line, my van is second. I felt a bump and noticed a blue Mazda (from the rear mirror) hit my van from behind despite the red traffic light. Even with my brakes engaged, my van went forward due to the impact from the bump and contacted the Lexus at a low impact hence the Lexus mirror back bumper scratches.

My van ~~too~~ took the impact from the back and the back bumper and door structure was dented, preventing it from opening.

Declaration

We declare the foregoing particulars are true in every respect.

KUEHS AND SNACKS

26/01/2023
16:26

Policyholder's Signature / Date & Time

26/01/2023
16:26

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

26/01/2023























































