

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	17/02/2023 16:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/02/2023 12:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Crawford Street before Kallang Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5926X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KIM WEE (CHEN JINHUI)
NRIC No	S8531143C
Email Address	etankw@gmail.com
Mobile Phone No	(Phone) +65-94745865
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?	Yes
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	1800099641-03

DRIVER

Name of Driver	TAN KIM WEE (CHEN JINHUI)
NRIC No	S8531143C
Date Of Birth	24/10/1985
Occupation	Indoor

Date Of Driving Pass	15/05/2007
Driving experience	15 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94745865
Alt. Phone Number	-
Email Address	etankw@gmail.com
Address	18 CHOA CHU KANG GROVE
Address complement	#16-43 SINGAPORE
Postcode	688211
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

SMD5926X contact with stationary SMS269M from the rear at traffic junction

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	SMS269M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90053101

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -









IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA 01232 H 0004 Vehicle Registration No: SMD5926X
 Name (as shown in NRIC): TAN KIM WEE NRIC/FIN/Passport No: 143C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9474 5865
 Email Address: _____
 Date of Accident: 17 FEB 2023 Time of Accident: 12:05
 Place of Accident: CRAWFORD ST
 Insurance Company: AIG

(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:

AMEND REPORT TO "OWN DAMAGED CLAIM"

17 Feb 2023
 Policyholder / Driver's Signature
 Date:

17/02/2023
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: