

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	28/04/2023 15:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/04/2023 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OLD HOLLAND ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU4902G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO SENG SEONG
NRIC No	S1296556G
Email Address	TEOJQ1997@GMAIL.COM
Mobile Phone No	(Phone) +65-84239663
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070119728-02

DRIVER

Name of Driver	TEO JIAN QING
NRIC No	S9739486E
Date Of Birth	07/11/1997
Occupation	Indoor

Date Of Driving Pass	19/08/2021
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84239663
Alt. Phone Number	-
Email Address	TEOJQ1997@GMAIL.COM
Address	50 GREENLEAF VIEW
Address complement	-
Postcode	279289
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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

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	SMA419S
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG KHENG WAN
NRIC No	S1570974Z

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

SKETCH PLAN

I was driving along old Holland Road into
Holland Rd. It split my path to go way to
Holland co the other Rd. while following, I
felt a very great impact from my left rear
quarter. I then realized that vehicle had hit
back my vehicle my dad, Tee Sang Seng was inside
my vehicle when this accident happen. Both of us
felt some pain at our neck and back area
and will have medical attention.

Declaration

I hereby declare that the information provided is true and correct.

[Signature]

[Signature]

28/4/2023

[Signature]

Witnessed by [Name]

Witnessed by [Name]

Witnessed by [Name]