

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	11/07/2023 10:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/07/2023 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Lane 1 PIE to City
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ1122S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WOO MUN HOE (HU WENHAO)
NRIC No	S7537330I
Email Address	scoryan@hotmail.com
Mobile Phone No	(Phone) +65-86994599
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
Variant	A6 C7 2.0 TFSI MU (ULTRA EDITION)
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100401270-08

DRIVER

Name of Driver	WOO MUN HOE (HU WENHAO)
NRIC No	S7537330I
Date Of Birth	19/11/1975
Occupation	Indoor

Date Of Driving Pass	16/09/2003
Driving experience	19 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86994599
Alt. Phone Number	-
Email Address	scoryan@hotmail.com
Address	BLK 217 BEDOK NORTH STREET 1
Address complement	#04-65 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

R2000010339 Circumstances Of Accident It was a fine morning. I was on PIE towards City approaching the Jalan Eunos/Eunos Link exit. When filtering to the first lane

I could not brake in time & accidentally bumped into the rear of the car in front of me.

(refer addendum copy)

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	SLP45U
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number (Phone) +65-90073735
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

WITNESS DETAILS

WITNESS 1

Name William Li-
Phone (Phone) +65-96424217
Email wengkang.li@gmail.com













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 : SA01237B0001 Vehicle Registration No: SJQ1122S
 Name(as shown in NRIC) : Woo Mun Hoe (Hu Wenhao) NRIC/FIN/Passport No : S7537330I
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : Blk 217 Bedok North Street 1 #04-65 Singapore(460217)
 Contact (Tel) : _____ Mobile No. : 86994599
 Email Address : scoryan@hotmail.com
 Date of Accident : 10/07/2023 Time of Accident : 9am
 Place of Accident : PIE towards City, Lane 1 near to Jalan Funos/Funos Link exit
 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:

As I filtered into the first lane on the expressway, I saw the car in front of me stop and I quickly
stepped on my brakes but my car could not stop fully in time and accidentally bumped into the rear of
the car in front of me.

Woo Mun Hoe
 Policyholder / Driver's Signature
 Date: 11/07/2023

[Signature]

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