SA0124A10001-01 / AIG Asia Pacific Insurance Pte. Ltd. ENTRY DATE & TIME: 01/10/2024 08:54 (SGT) SUBMITTED BY: Abd-Latiff, Roszanah VERSION: 2 (07/10/2024 11:43 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 First Submission 01/10/2024 08:54 (SGT)

Reported by Both Policyholder and Actual Driver

Date of Accident 30/09/2024 19:27 (SGT)

Exact Location of Accident Singapore Additional Location Information Jurong East Road

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV7506D

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner Kanaiyahnaidu S/O Narasunaidu

NRIC No 109.1

Email Address NOEMAIL@AIG.COM Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish Variant **WISH 1.8**

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? Vehicle Category

Transmission CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 7220146719-01

No - Claiming third party

Private car

Auto

1798

DRIVER



Name of Driver NRIC No

Date Of Birth

Occupation Driving Pass Date Driving License Pass Class **Driving License Validity**

Driving experience

Gender Mobile Number

Alt. Phone Number Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

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? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Moving Straight & Collided

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

SHB203B

Kanaiyahnaidu S/O Narasunaidu

21 YEARS AND 7 MONTHS

NOEMAIL@AIG.COM

Collision - Head to Rear

Indoor

3

Valid

Male

Yes

No

Raining

Wet

No

No

Yes

1

No

No

No

2

28/02/2003



Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
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

IMPORTANT NOTICE

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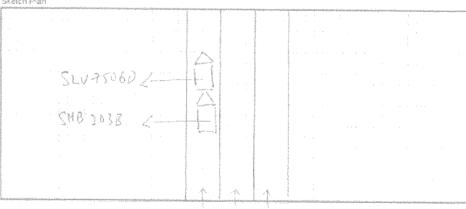
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Sketch Plan



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