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 Authorised Driver.
- 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 ability.
- 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available			
	ACCIDENT STATEMENT			
Date Of Report	05/02/2018 16:27			
Date Of Accident	25/01/2018 19:00			
Exact Location Of Accident	YISHUN AVENUE 7 IN FRONT OF MURRATA			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SKX7411U			
Insured/Policyholder				
Name Of Registered Owner	POH CHIN HUAT (FU ZHENFA)			
NRIC No	S7418872I			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-92313103			
Alternative Phone No	OFFICE-91713700			

Vehicle Particulars

Manufacturer **CITROEN**

Model GRAND C4 PICASSO 1.6 BLUE HDI EAT6

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 If No. Please state action to be taken Vehicle Category PRIVATE CAR

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy

Policy Number 2100444806-02

Cover Note Number

Driver

Name of Driver POH CHIN HUAT (FU ZHENFA)

NRIC No S7418872I 17/06/1974 Date Of Birth Occupation **INDOOR Date Of Driving Pass** 07/07/2003

Driving Experience 14 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92313103

Fax Number

Contact Number OFFICE-91713700

EMail Address NOEMAIL

BLK 593A MONTREAL LINK Address

#09-60 SINGAPORE

Postcode 751593

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

NO COLLISION Type Of Accident

Weather Conditions **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO Was any other material or property damaged?

I have been approached by unknown person(s)

YES soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

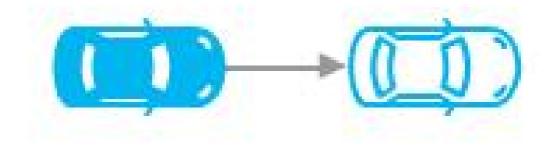
#straightroad Moving straight & Diving straight Blue Car SkX7411U White Car SLC1792H Both vehicles were stationary at the filter lane waiting for the traffic light to turn green. My vehicle move forward and touches the bumper. Driver confirm no damage to the bumper but wanted to check internal to make sure.

Attachment(s)

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

Remarks/ Reasons: INSD DID NOT PROVIDE TO US

Was there any audio recorded? NO







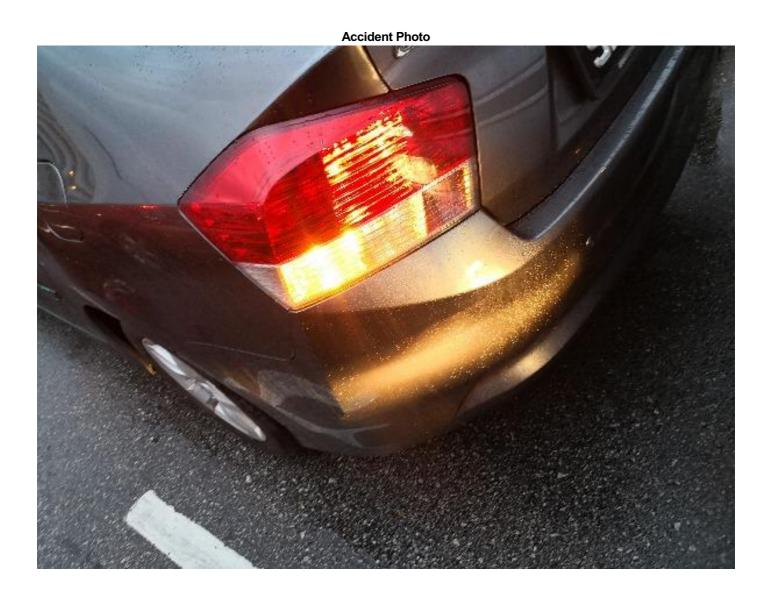












Accident Photo

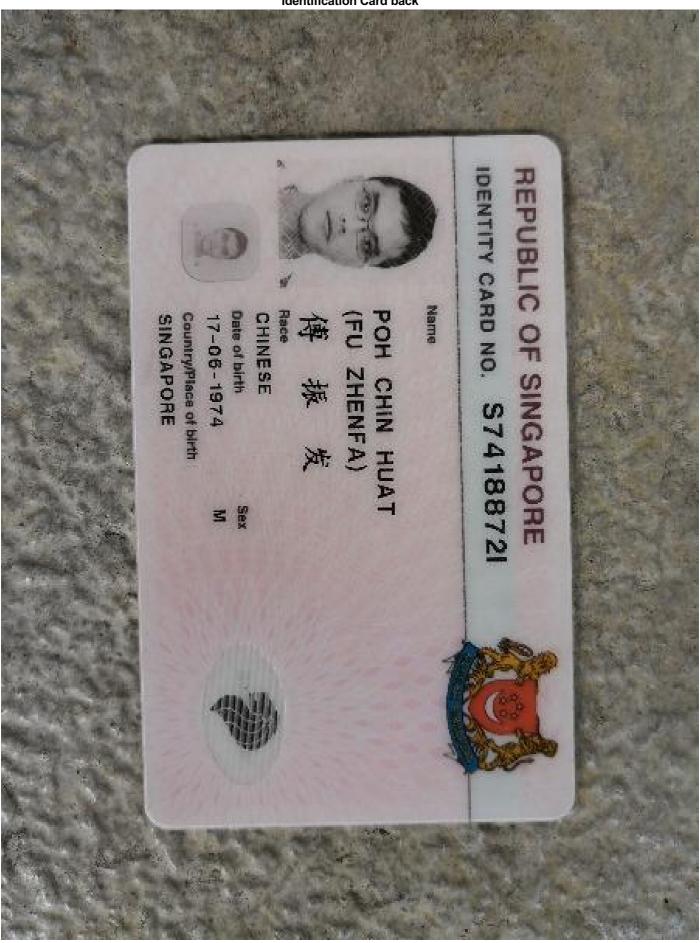












Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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

1/2/		ADDEN	NUC		
	ARTICULARS O	F PERSON MAK	ING THE AME	NDMENTS:	
Original Report No:	MAH41801781]2	Vehicle Regi	stration No :	SKX74(IU
Name(as shown in NRIC):	POH CHINA A	NUNT (FU 2HS	N 64)		
NRIC/Passport No :		er / Vehicle Owr	ner) (*) Please	delete as ap	propriate
		MONTREAL L	INK #09-60	SWOMPIRE	751593
Contact (Tel) :				(H/P):	92313103
(Email) :					
Date of Accident :	25 Jan 2018		Time	of Accident :	19:00 his
Place of Accident :	Ylshun Avi	mue 7 infin	or of mu	rm til	
Insurance Company :	this bear	PHUTIC I NUMBE	NO PTE UTD		
The correct date		p should be	25 Jan	-010 V	THE TIME OF DECIDE
should be 19=00h	Y4.				
* 1 ~					
DIA C					

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030 Operating Hours : Monday to Friday 9am to 5pm