

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 withholding 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.
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 Report	24/02/2018 14:21
Date Of Accident	24/02/2018 11:45
Exact Location Of Accident	TURNING INTO 60 DUNEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7709K
Insured/Policyholder	
Name Of Registered Owner	CHRISTOPHER CHONG CHI CHUIN (CHRISTOPHER ZHONG QIJ
NRIC No	S7430550D
Email Address	CAROLYNTONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81888166
Alternative Phone No	Office-81888166

Vehicle Particulars

Manufacturer	AUDI
Model	Q7 2.0 TFSI

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

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100471730-01
Cover Note Number	

Driver

Name of Driver	CAROLYN TONG
NRIC No	S7607707Z
Date Of Birth	26/02/1976
Occupation	INDOOR
Date Of Driving Pass	20/03/2003
Driving Experience	14 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91912288

Fax Number	
Contact Number	
E-Mail Address	CAROLYNTONG@GMAIL.COM
Address	17 HOLLAND PARK
Postcode	247707
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	SDJ2628B
	-
	-
Insurance Company of Driver's Own Vehicle	AXA Insurance Pte Ltd
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

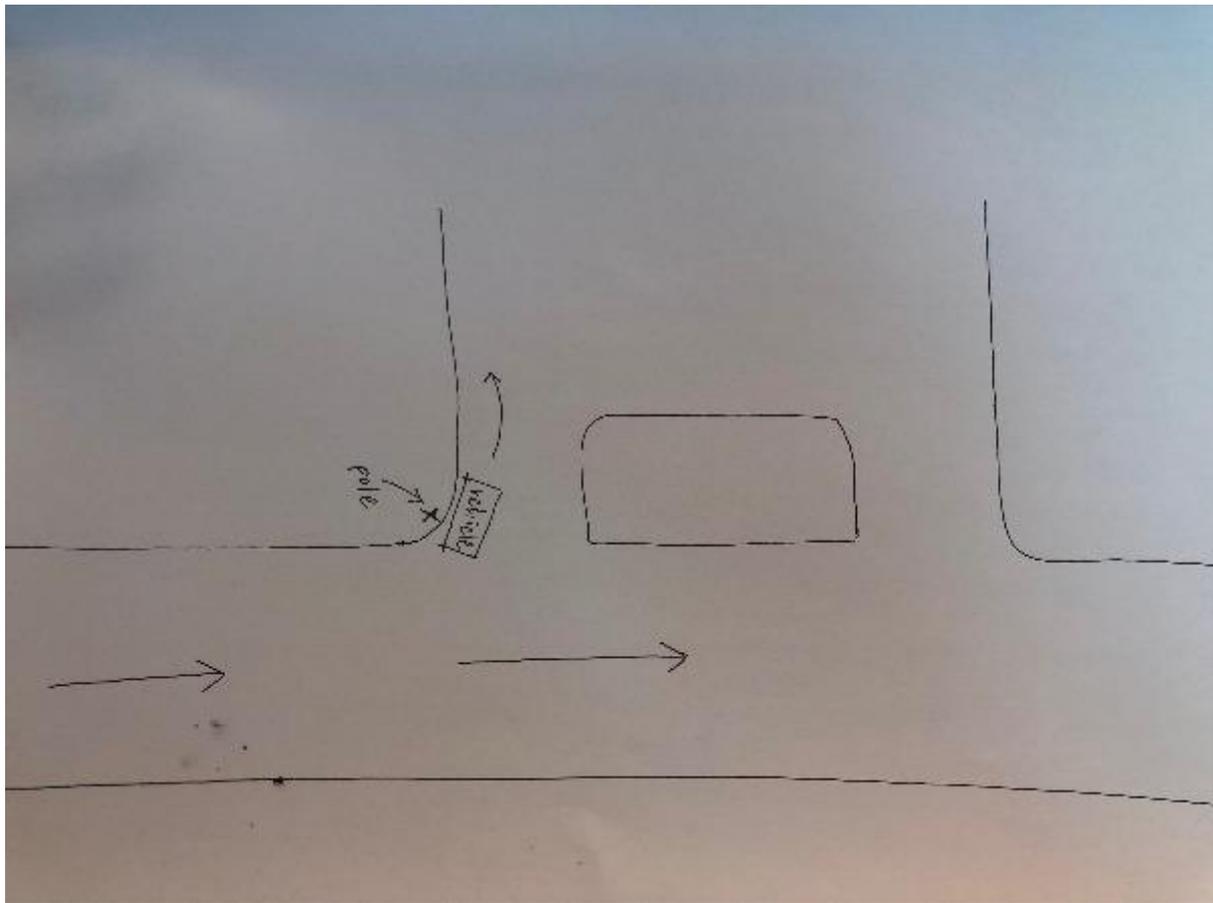
Circumstances of Accident

#others Upload the drawing sketch plan On Dunearn Road. Turning left into 60 Dunearn Road and hit a black and yellow metal pole that was on the corner of the pavement, scraping the left side of the car. Lower fender of left rear door fell off. Picked it up. No injuries or other vehicles involved.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



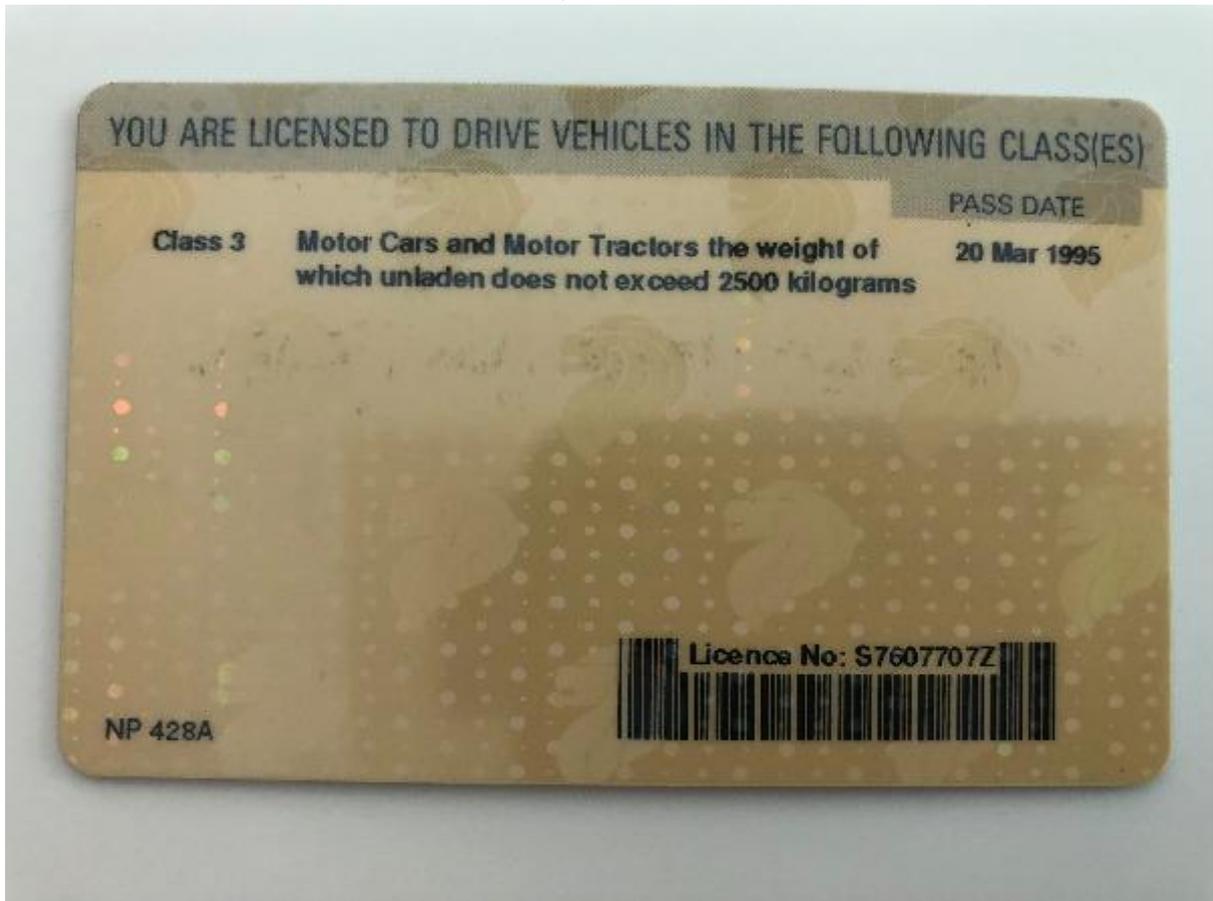
Accident Photo



Identification Card Frt



Driving License back



Identification Card Frt



Identification Card back



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0080 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S66580290 / GST Reg. No.: M409017735

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 : 210047130-01600 Vehicle Registration No: SIC 779K
 Name (as shown in NRIC) : CAROLYN TONG SEOK CHING NRIC/FIN/Passport No : S7607107Z
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 17 HOLLAND PARK Singapore (24777)
 Contact (Tel) : 81888166 Mobile No. : 878 91912 288
 Email Address : christophercca@gmail.com
 Date of Accident : 24 of Feb 2018 Time of Accident : 11:45
 Place of Accident : Puneam Road
 Insurance Company : AIG ASIA PACIFIC INSURANCE PTE LTD

(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 reporting only to own damage claim

[Signature]
 Policyholder / Driver's Signature
 Date: 27/02/2018

[Signature]
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: 28/2/18