MAHA18078763 / AIG Asia Pacific Insurance Pte. Ltd. - SG ENTRY DATE & TIME: 18/06/2018 21:27 SUBMITTED BY: Paramchand, Vashar

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> 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.
- 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	18/06/2018 21:27
Date Of Accident	18/06/2018 15:50
Exact Location Of Accident	MEYAPPA CHETTIAR ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ429P
Insured/Policyholder	
Name Of Registered Owner	LAU CHI WAI
NRIC No	S7482667I
Email Address	CLIFFORDCW.LAU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98251834
Alternative Phone No	Others-98251834
Vehicle Particulars	
Manufacturer	AUDI
Model	TT 2.0 FSI QU
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100140928-09
Cover Note Number	
Driver	
Name of Driver	LAU CHI WAI
NRIC No	S7482667I
Date Of Birth	06/11/1974

INDOOR

14/11/2008

9 YEARS AND 7 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-98251834

Fax Number

Contact Number

EMail Address CLIFFORDCW.LAU@GMAIL.COM

1 MOULMEIN RISE Address

UNIT 13-02 SINGAPORE

Postcode 308143 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

NO

NO

1

NO

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

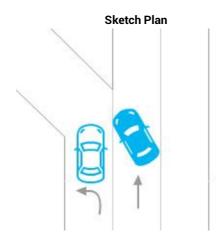
If Yes, against whom?

Circumstances of Accident

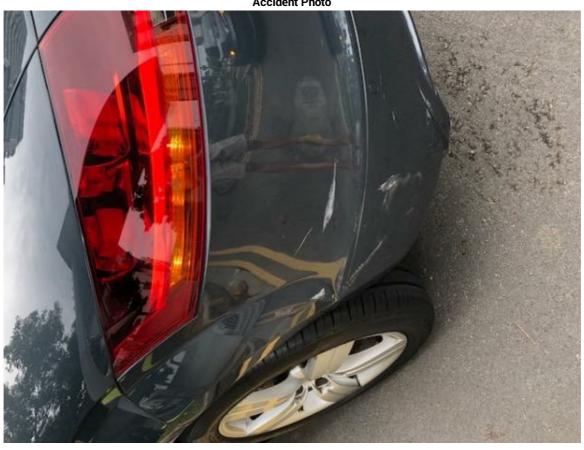
#yJunction Moving along a Straight Lane trying to turn into the Side Road & Driving on a Turning Lane into the Side Road SJQ429P SLM9821C My car was turning in so as the other car. The turning paces were different and the road was narrow resulting in minor collision and scratches on both cars.

Attachment(s)

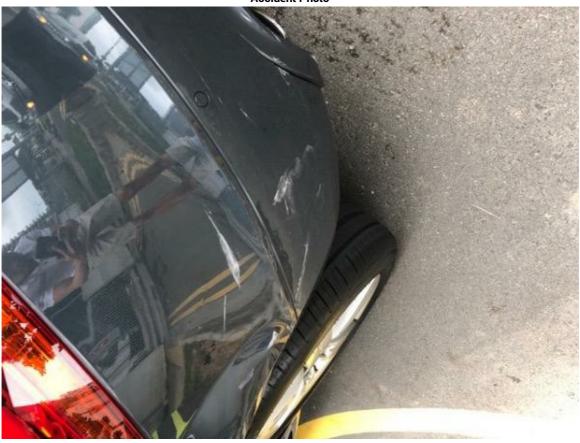
Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO





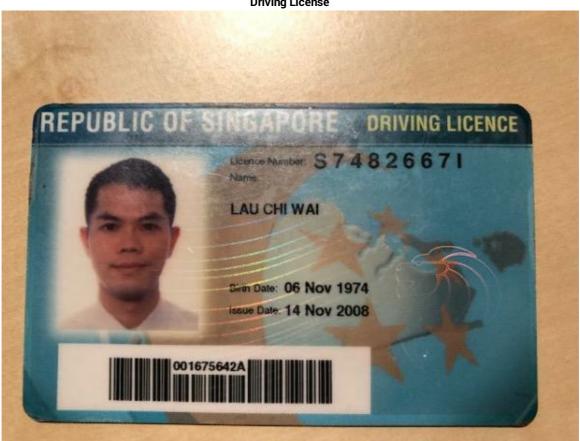




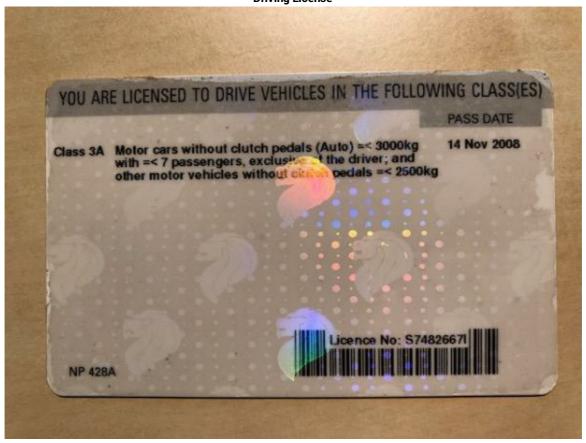




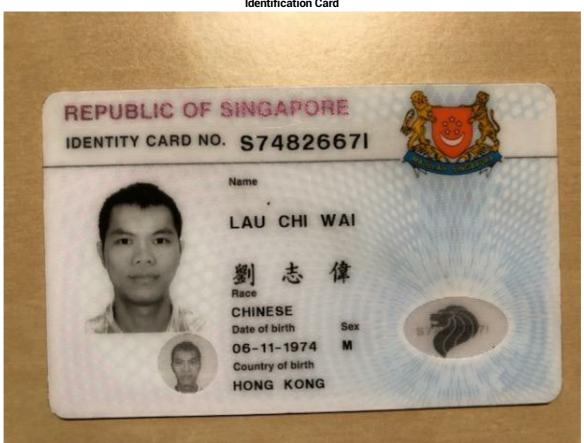
Driving License



Driving License



Identification Card



Identification Card

