MAHA19008267 / AIG Asia Pacific Insurance Pte. Ltd. - SG
ENTRY DATE & TIME: 17/01/2019 23:18
SUBMITTED BY: Paramchand, Vashar

# 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 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 Report | 17/01/2019 23:18 |
| Date Of Accident | 17/01/2019 21:40 |
| Exact Location Of Accident | EUNOS AVE 5 |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | SLQ9880K |
| **Insured/Policyholder** | |
| Name Of Registered Owner | CHOO SEOW HWEE TERESA |
| NRIC No | S8034230F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97609648 |
| Alternative Phone No | Others-97609648 |
| **Vehicle Particulars** | |
| Manufacturer | OPEL |
| Model | ASTRA 1.4 [SEDAN] |
| 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 | 1800079547 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | SEOW HWEE TERESA CHOO |
| NRIC No | S8034230F |
| Date Of Birth | 31/10/1980 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/12/2005 |
| Driving Experience | 13 YEARS AND 1 MONTH |

| | |
|---|---|
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-97609648 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |
| Address | 83 DUKU ROAD<br>#04-06 SINGAPORE |
| Postcode | 429247 |
| 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 | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**General Information of the Accident**

| | |
|---|---|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| Weather Conditions | RAINING |
| Road Surface | WET |

**Other Information**

| | |
|---|---|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| 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**

#straightroad Moving out from Stationary position & Moving straight SLQ9880K SKZ3551P WSVC19000106 Accident_Description SLQ9880K ALREADY SIGNALLED TO TURN OUR OF EXISTING LANE EVEN WHEN STATIONARY BUT SKZ3551P TURNED IN FROM AN EARLIER JUNCTION AND KNOCKED INTO 9880 WHO WAS TURNING OUT.

**Attachment(s)**

| | |
|---|---|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | INSD DID NOT SUBMIT VIDEO FOOTAGE |
| Was there any audio recorded? | NO |

**DETAILS OF OTHER VEHICLE PROPERTY 1**

| | |
|---|---|
| Vehicle Registration Number | SKZ3551P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |

Name of Driver

NRIC/Passport Number

Contact Number

Address

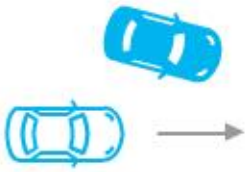
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Sketch Plan**



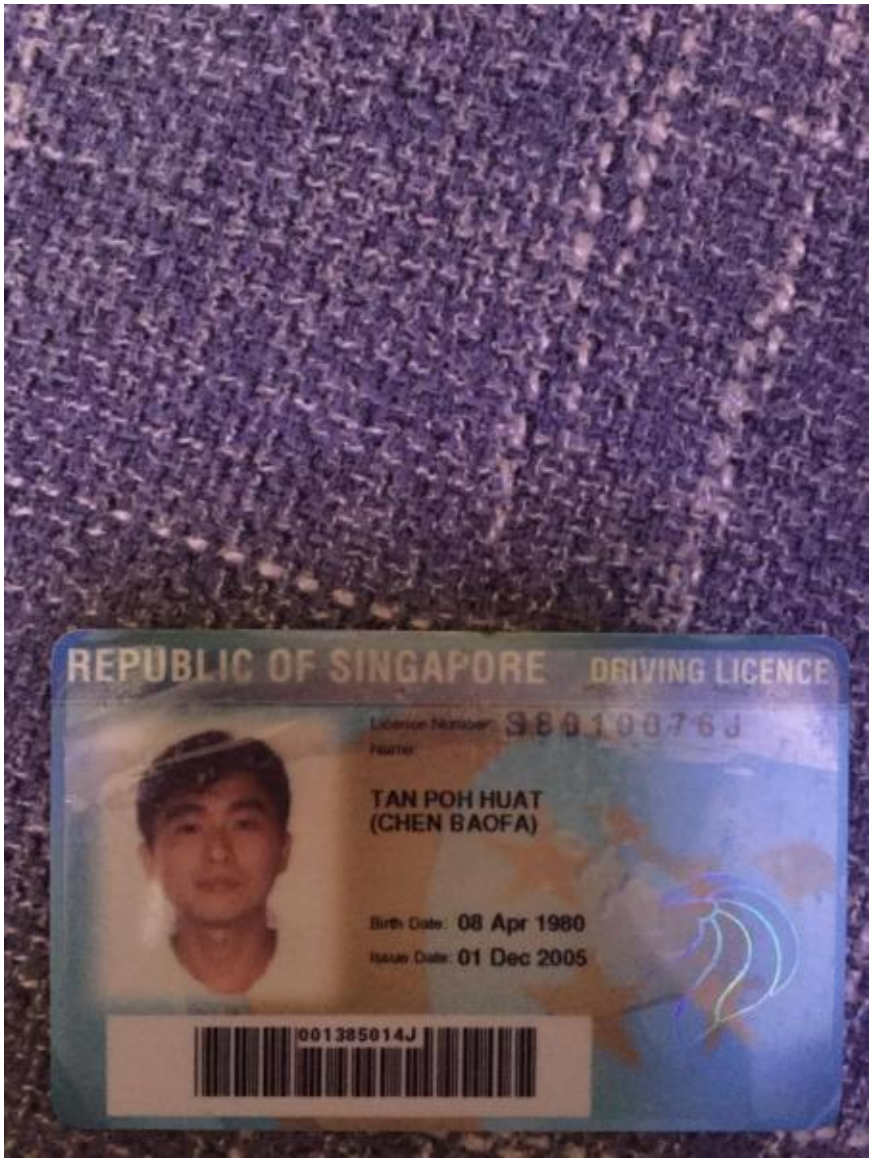
**Accident Photo**

**Accident Photo**

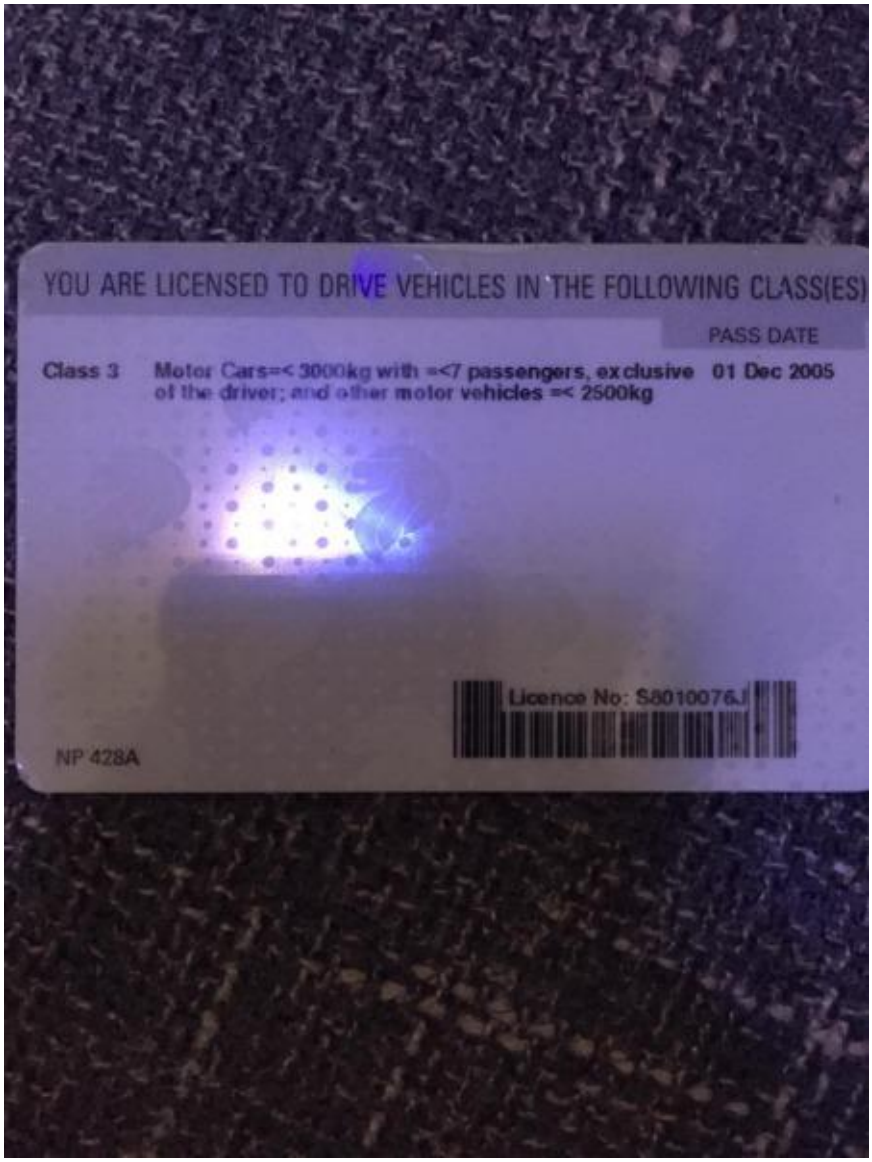
**Accident Photo**

**Accident Photo**

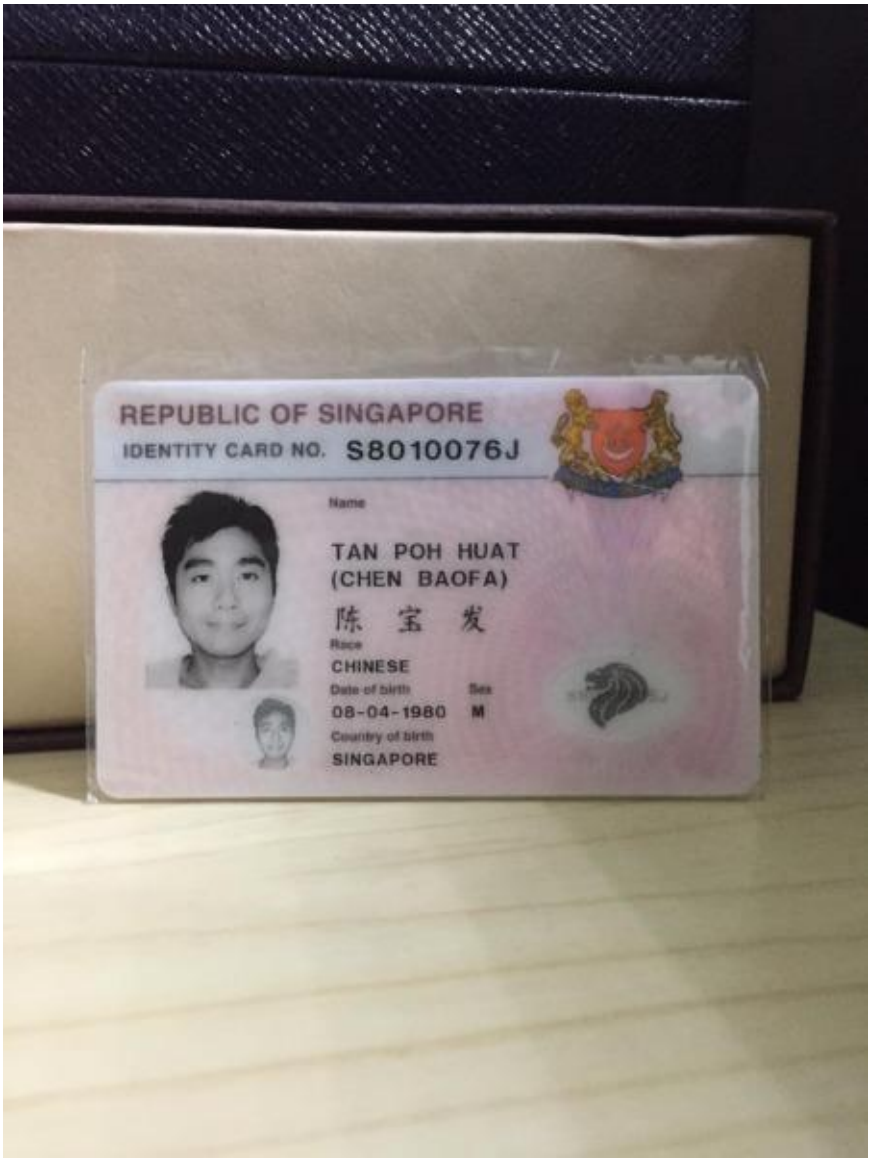
**Driving License**



**Driving License**



**Identification Card**



**Identification Card**