MAHA19088447 / AIG Asia Pacific Insurance Pte. Ltd. - SG ENTRY DATE & TIME: 07/07/2019 13:03 SUBMITTED BY: Rumli, Sharizah

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver.</u>
- 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 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 consensed foresaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	07/07/2019 13:03
Date Of Accident	06/07/2019 20:00
Exact Location Of Accident	BEDOK NORTH ROAD, OPPOSITE SPC
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA3671X
Insured/Policyholder	
Name Of Registered Owner	TEO LAI HOCK JEFFREY
NRIC No	S6811337G
Email Address	ALVINTEO90@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97806913
Alternative Phone No	Office-96166928
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3 1.6 A SX
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	2100452541-03
Cover Note Number	
Driver	
Name of Driver	ALVIN TEO WEI JUN
NRIC No	S9047371I
Date Of Birth	09/12/1990

INDOOR

18/08/2011

7 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97263473

Fax Number

Contact Number

EMail Address ALVINTEO90@GMAIL.COM

Address 430 TAMPINES STREET 41

Postcode 520430

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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 (including own vehicle)

involved in the accident

2

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) soliciting/offering accident claims assistance.

NO

NO

Number of Passengers (Including Driver)

3

Passenger 1 Name: : how ee ran

> Gender: : Female

Passenger 2 Name: : ho kim huay

> Gender: : Female

Details of Police Action

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 Changing lane & Changing lane Blue Car SLA3671X White Car SLQ9406Y it was a clear night with good visibility. i was driving straight along bedok north road when the lane i was on was going straight and turning right, i switched lane to the left lane and side swiped the car that was on that lane.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

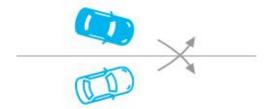
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

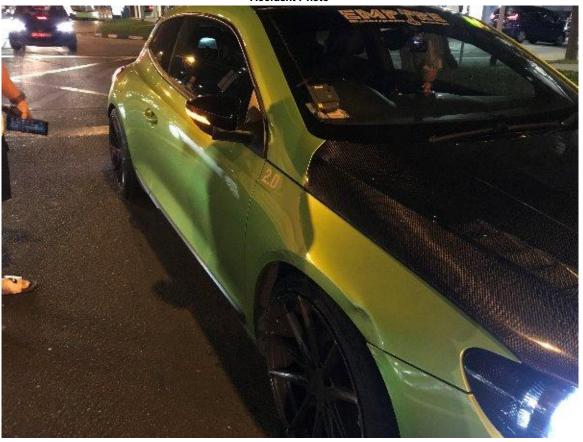
Sketch Plan



Accident Photo



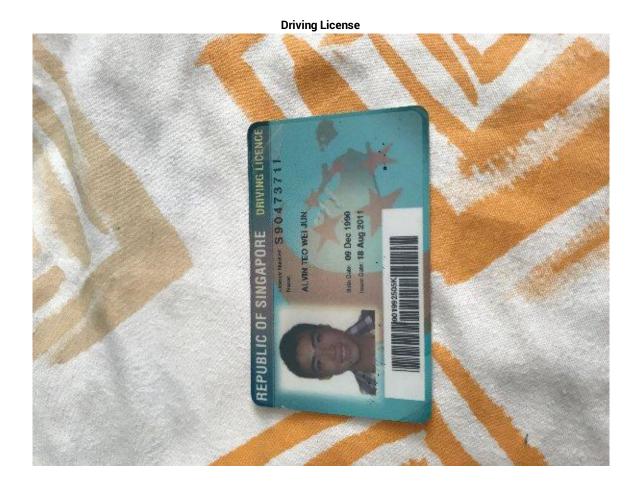
Accident Photo





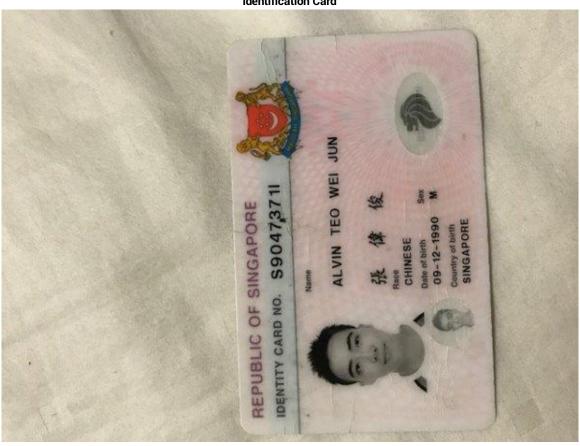








Identification Card



Identification Card

