

## 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 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	05/09/2019 11:51
Date Of Accident	05/09/2019 09:05
Exact Location Of Accident	83 JALAN SETIA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB2189Y
-----------------------------	----------

### Insured/Policyholder

Name Of Registered Owner	SAMANTHA SEAH
NRIC No	S8429400D
Email Address	MEATBALL0018@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91268005
Alternative Phone No	OFFICE-91268005

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI 8V
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100501751-02
Cover Note Number	

### Driver

Name of Driver	SAMANTHA SEAH
NRIC No	S8429400D
Date Of Birth	18/09/1984
Occupation	INDOOR
Date Of Driving Pass	01/09/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91268005
Fax Number	
Contact Number	OFFICE-91268005
Email Address	MEATBALL0018@YAHOO.COM.SG

Address	8 JOO SENG ROAD #16-06
Postcode	360008
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

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?	YES
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

I WAS DRIVING IN BETWEEN 2 VEHICLES PARKED BY THE SIDE OF THE ROAD. I CRASHED INTO THE SIDE OF THE VEHICLE ON MY LEFT AND DAMAGED MY SIDE MIRROR AND SIDE OF MY CAR. WE SPOKE WITH THIRD PARTY TO NOT CLAIM FROM EACH OTHER. THIRD PARTY AGREED TO SIGN THE PRIVATE SETTLEMENT FORM.

#### 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

Vehicle Registration Number	GBF5140R
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

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 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. The 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 lodgment 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.

I understand, acknowledge, agree and consent that:

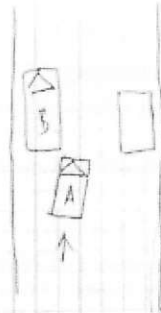
- Policyholder's Signature \_\_\_\_\_  
Date & Time: 5/9/19, 10:16am

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: Jody Fossy  
NRIC/FIN No. G72401077

### Sketch Plan #2

### SKETCH PLAN



A = SJB 2189Y

B = GBF 5140R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 WAS DRIVING IN BETWEEN 2 VEHICLES PARKED BY THE SIDE OF THE ROAD. I CRASHED INTO THE SIDE OF THE VEHICLE ON MY LEFT AND DAMAGED MY SIDE MIRROR AND SIDE OF MY CAR.

WE SPOKE WITH THIRD PARTY TO NOT CLAIM FROM EACH OTHER. THIRD PARTY AGREED TO SIGN THE PRIVATE SETTLEMENT FORM.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature \_\_\_\_\_

Date & Time: 5/9/19, 10:16am

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date & Times:



Reporting Centre Personnel's Signature

Name: Tony Fong

NRIC/FIN No.: 62040197