

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	05/01/2020 17:45
Date Of Accident	21/11/2019 16:30
Exact Location Of Accident	BRAS BASAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ885U
Insured/Policyholder	
Name Of Registered Owner	TAN QINGCHENG RYAN
NRIC No	S8527118J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96808787
Alternative Phone No	Office-90678830

Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI S TRONIC
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	1900166839
Cover Note Number	

Driver

Name of Driver	KOH YU TING, ADELINE
NRIC No	S8830035A
Date Of Birth	30/07/1988
Occupation	INDOOR
Date Of Driving Pass	25/08/2011
Driving Experience	8 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96808787
Fax Number	
Contact Number	OFFICE-90678830
EMail Address	NOEMAIL
Address	21 DELTA ROAD DOMAIN 21 18-02 SINGAPORE
Postcode	169813
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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 within lane (Side swipe including at bend) & Moving within lane (Side swipe including at bend) SMQ885U SLK7497D WSVC20000030 Accident_Description SLK7497D was jutting out of lane and encroaching lane. Rainy conditions wet road. As my car passed by my right side front swiped his car left side front. However the damage was only scratches to the car. Most of the damage to his car were also scratches and dirt which can be easily wiped off. As seen from my own car photo. Did not feel impact from side swipe. Want to counter claim for my own car damages scratches.

Attachment(s)

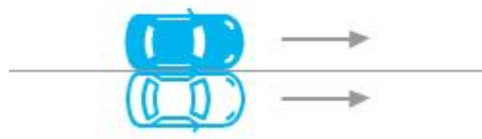
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO NOT PROVIDED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK7497D
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



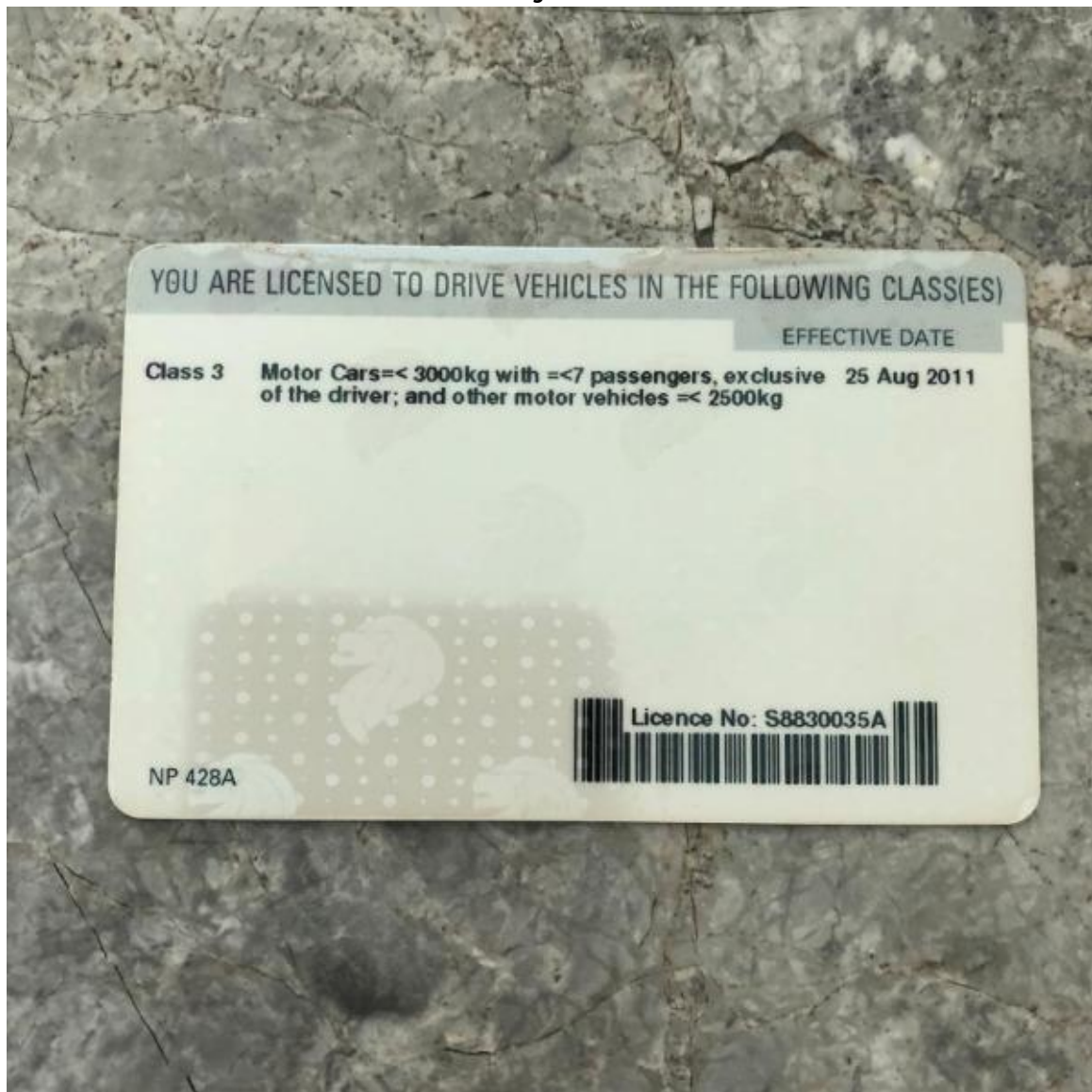
Accident Photo



Driving License





Driving License



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8830035A



Name
KOH YU TING, ADELINE
許育婷

Race
CHINESE

Date of birth
30-07-1988

Sex
F

Country of birth
SINGAPORE

S8830035A

Identification Card

