

## 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             | 07/01/2020 12:20                                   |
| Date Of Accident           | 25/12/2019 12:00                                   |
| Exact Location Of Accident | FILTER LANE ALONG DEVONSHIRE ROAD, LINKING TO EXET |
| Country/State of Loss      | SINGAPORE                                          |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SBW19C               |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | VALERIE KOH XIN YING |
| NRIC No                     | S8990085I            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96773491 |
| Alternative Phone No        | Office-68367227      |

### Vehicle Particulars

|                                                                              |                |
|------------------------------------------------------------------------------|----------------|
| Manufacturer                                                                 | MINI           |
| Model                                                                        | ONE 1.5 F56    |
| 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             | 1900092789                           |
| Cover Note Number         |                                      |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | KOH XIN YING         |
| NRIC No              | S8990085I            |
| Date Of Birth        | 05/02/1989           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 24/10/2011           |
| Driving Experience   | 8 YEARS AND 2 MONTHS |

|                                                     |                                       |
|-----------------------------------------------------|---------------------------------------|
| Gender                                              | FEMALE                                |
| Mobile Number                                       | (LOCAL) +65-96773491                  |
| Fax Number                                          |                                       |
| Contact Number                                      |                                       |
| EMail Address                                       | NOEMAIL                               |
| Address                                             | 61 61 GRANGE ROAD<br>#17-02 SINGAPORE |
| Postcode                                            | 249570                                |
| 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   | COLLISION - HEAD TO REAR |
| 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?                                          |     |
| 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

#straightroad Moving straight & Moving straight Sbw19c SH7805G WSVC20000052 Accident\_Description I bumped the back of taxi SH7805G at a speed of approximately 5km per hour or less. This happened as we were both slowing down (braking) at the filter lane alone Devonshire Road to check for traffic along Exeter Road before merging onto Exeter Road. The bump occurred at a very slow speed when I was braking and already very close to stopping completely and was barely noticeable. Due to the slow speed that the bump occurred at there was minimal damage to the taxi if at all. The damage was limited to minor vertical white lines along the black rubber bumper below the taxi boot. There was no damage to my car. The passenger in the taxi indicated that she was not hurt and did not appear to notice that there was an accident as she came out of the taxi to ask why we had stopped/what was going on.

#### 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 | SH7805G |
|-----------------------------|---------|

Vehicle Make/Model/Colour  
Details Of Properties

Vehicle Category TAXI

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



Driving License



## Driving License



Identification Card



Identification Card

