

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 Submission 08/06/2021 13:47 (SGT)
Date of Accident 03/04/2020 08:15 (SGT)
Exact Location of Accident 280 Lavender St, Singapore 338800
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL4196L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Annitha D/O Annathurai
NRIC No S7420710C
Email Address annitha19@hotmail.com
Mobile Phone No (Phone) +65-97898165
Alternative Phone No +65-81610814

VEHICLE PARTICULARS

Manufacturer Suzuki
Model S-cross
Variant -
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1586

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100502083-03
Cover Note Number -

DRIVER

Name of Driver Annitha D/O Annathurai
NRIC No S7420710C

Date Of Birth	19/06/1974
Occupation	Indoor
Date Of Driving Pass	03/11/1994
Driving experience	25 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97898165
Alt. Phone Number	+65-81610814
Email Address	annitha19@hotmail.com
Address	38 St Michaels Road
Address complement	ST MICHAEL REGENCY #13-02 SINGAPORE
Postcode	328008
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

My car sll 4196l tried to filter into filter lane and accidentally my sidemirror hit bus rear right side.

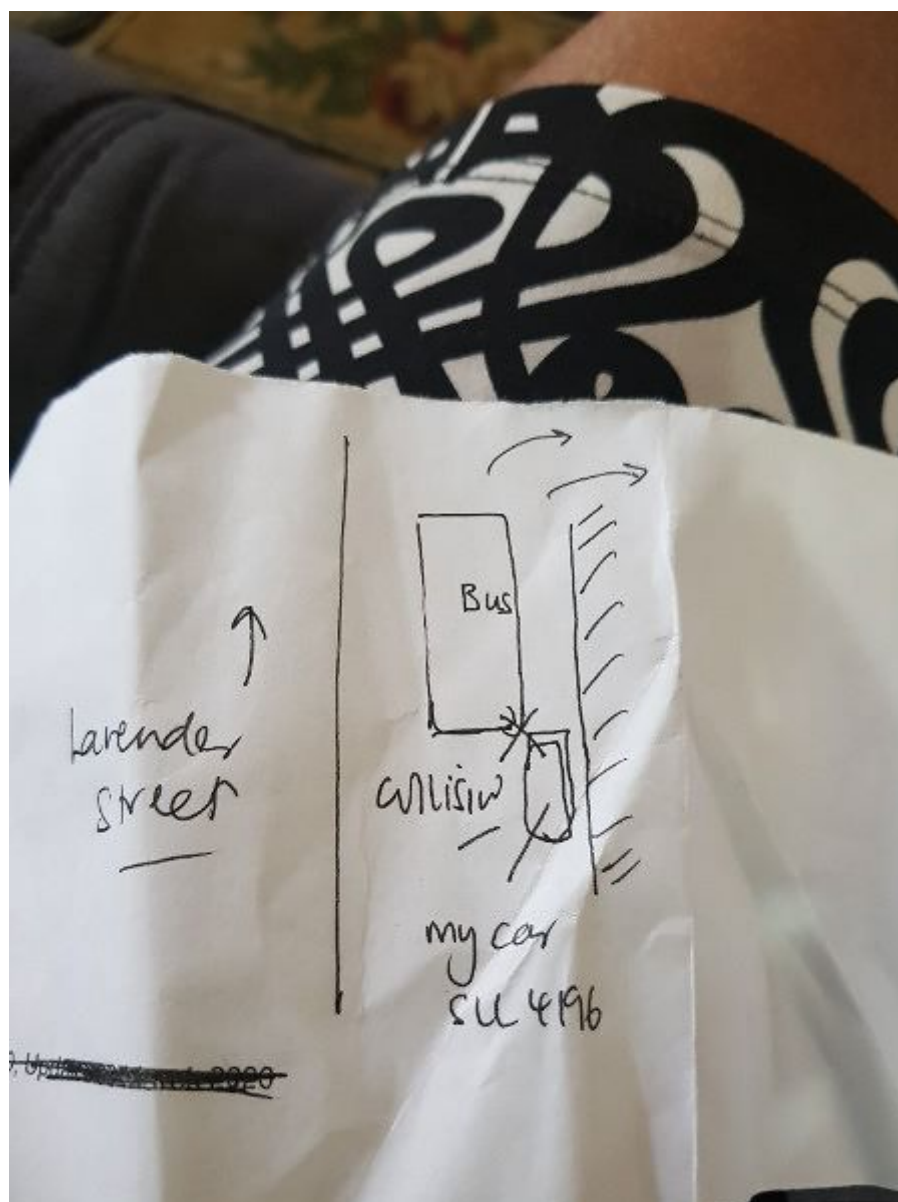
ATTACHMENT(S)

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	SMB1622J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -







GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA 012168 0003 Vehicle Registration No: SLL4196L
Name (as shown in NRIC) : Annitha D/O Annathurai NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 38 St Michael Regency #13-02 Singapore (328008)
Contact (Tel) : 97898165 Mobile No. : _____
Email Address : annitha19@hotmail.com
Date of Accident : 03/04/2020 Time of Accident : 08.15
Place of Accident : 280 Lavender Street Singapore 338800
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CCU mistake: Date of accident should be "03/04/2020" instead of "03/04/2021".

Grace
Policyholder / Driver's Signature
Date: 9/6/2021

Grace
Reporting Centre Personnel Signature
Name: GRACE TAN
NRIC/FIN No.: _____
Date: 9/6/2021

