

## 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	09/06/2020 10:22
Date Of Accident	05/06/2020 20:50
Exact Location Of Accident	HTTPS://GOO.GL/MAPS/SJBER8S9FMC5H8MK9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM3663U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM HONG HEE
NRIC No	S1174012Z
Email Address	IRENELXT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92227780
Alternative Phone No	Office-96656868

### Vehicle Particulars

Manufacturer	MAZDA
Model	3 1.5 SKYACTIV
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	1800113640
Cover Note Number	

### Driver

Name of Driver	IRENE LIM XIAOTING
NRIC No	S9324796E
Date Of Birth	10/06/1993
Occupation	INDOOR
Date Of Driving Pass	19/07/2012
Driving Experience	7 YEARS AND 10 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-92227780
Fax Number	
Contact Number	
E-Mail Address	IRENELXT@GMAIL.COM
Address	63A DUKU ROAD
Postcode	429264
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : Chelsia Phua Gender: : Female

#### 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

Blue Car SMM3663U White Car GBJ5511H See Video Attached. SMM3663U Driver collided in to GBJ5511H at less than 10km per hour as driver had not noticed that GBJ5511H has not merge lane as the cars in front had moved out and on coming cars were still far away. Driver of GBJ5511H Fadil mentioned that he had previously had an accident which caused damage to the back of his van and hence driver of SMM3663U cannot determine the extent of damage caused to GBJ5511H from the current collision where there were only slight scratches to the front end of SMM3663U.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour  
Details Of Properties

Vehicle Category

GOODS VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

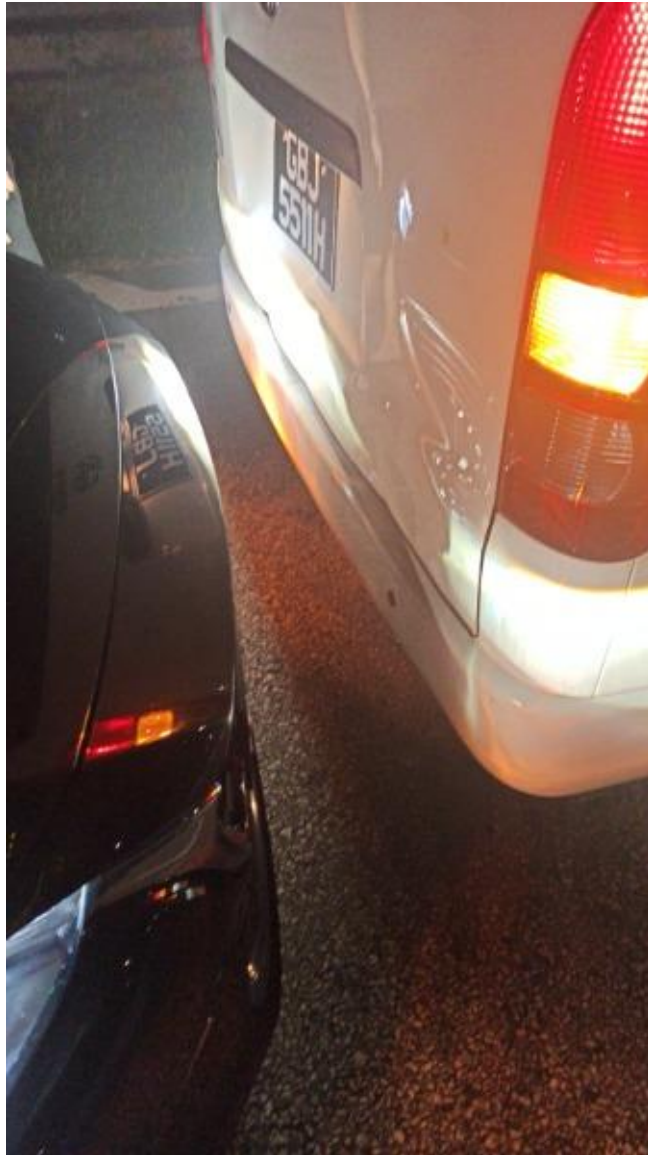
## Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Driving License



Driving License



Identification Card



Identification Card

