Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 15/07/2020 16:12

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	15/07/2020 15:24
Date Of Accident	11/07/2020 20:05
Exact Location Of Accident	57 JLN HITAM MANIS, SINGAPORE 278444
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBR1000A
Insured/Policyholder	
Name Of Registered Owner	ALIREDA
NRIC No	S2659583E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96481881
Alternative Phone No	Others-64735355
Vehicle Particulars	
Manufacturer	AUDI
Model	Q5 2.0 TFSI QU (FACELIFT)(DYNAMIC STEERING)
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	2100450872-04
Cover Note Number	
Driver	
Name of Driver	FADILAH SALIM ALKAFF
NRIC No	S7010446F
Date Of Birth	31/03/1970

INDOOR

17/08/2002

17 YEARS AND 10 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-96481881

Fax Number

Contact Number OTHERS-64735355

EMail Address NOEMAIL

57 JALAN HITAM MANIS Address

SINGAPORE

Postcode 278471 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

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?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

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.

Number of Passengers (Including Driver)

Passenger 1 Name: : MARYAM REDA

> Gender: : Female

Details of Police Action

Was the accident reported to the police?

NO

NO

2

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

WSVC20001072 Accident_Description Turned and changed lanes afterwards to avoid traffic. Taxi driver following sped up and back side swiped car at the rear right side.

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SHA8277R**

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

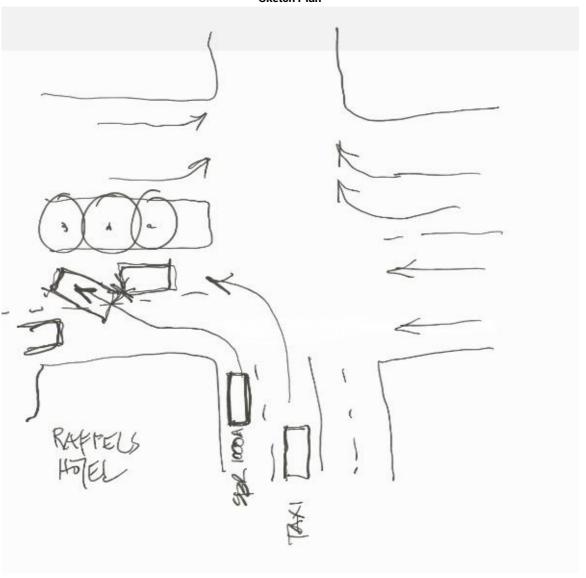
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

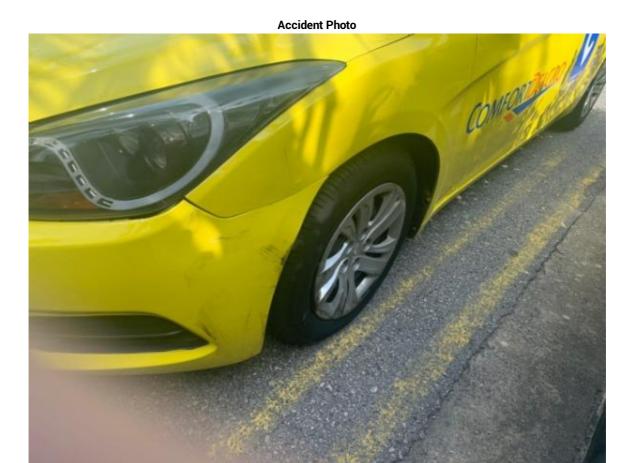
TAXI

Sketch Plan

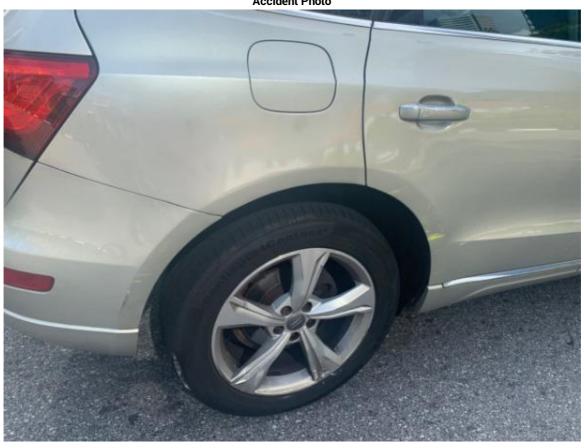


Accident Photo





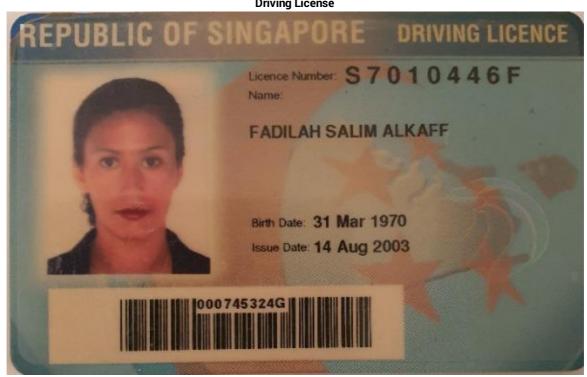




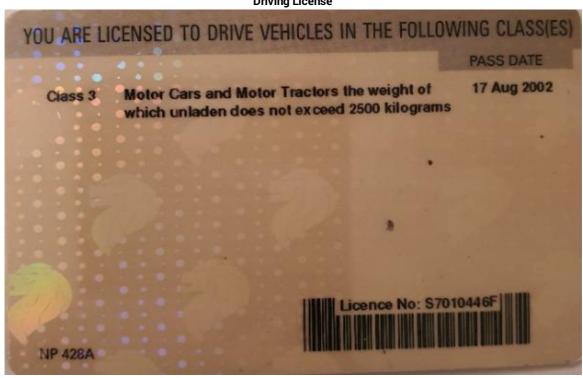
Accident Photo



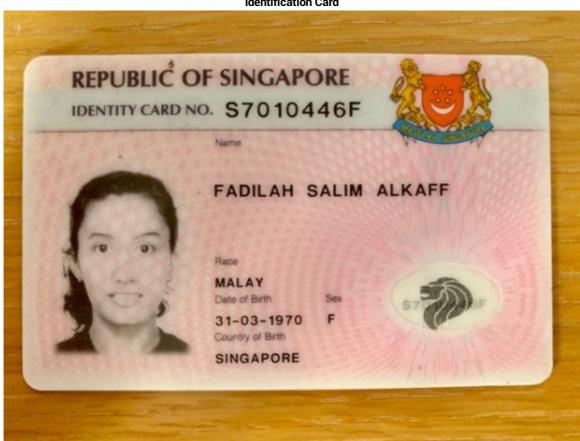
Driving License



Driving License



Identification Card



Identification Card

