

## 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 ability
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 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             | 08/04/2015 17:18                       |
| Date Of Accident           | 07/04/2015 19:00                       |
| Exact Location Of Accident | EXIT OF FAR EAST PLAZA ONTO SCOTT ROAD |
| Country/State of Loss      | Singapore                              |

### DETAILS OF OWN VEHICLE

|                             |                               |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SGT64C                        |
| <b>Insured/Policyholder</b> |                               |
| Name Of Registered Owner    | SYED AGIL BIN ABDULLAH ALSREE |
| NRIC No                     | S1483307B                     |
| Email Address               | NOEMAIL                       |
| Mobile Phone No             | (LOCAL) +65-97341814          |
| Alternative Phone No        | Others-97341814               |

### Vehicle Particulars

|  |                          |
|--|--------------------------|
| Manufacturer   | MITSUBISHI               |
| Model  | GRANDIS 2.4L SPORTS-GEAR |
| 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                                       | Third Party              |
| Vehicle Category   | Private Car              |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type Of Coverage          | Third Party                          |
| Fleet Policy              | No                                   |
| Policy Number             | 2100252888                           |
| Cover Note Number         | 29/03/2015-28/03/2016                |

### Driver

|                      |  |
|----------------------|--|
| Name of Driver       | SHARIFAH YASMIN BINTE HUSSAIN ALJUNIED |
| NRIC No              | S1812406H                              |
| Date Of Birth        | 27/01/1967                             |
| Occupation           | Indoor                                 |
| Date Of Driving Pass | 01/02/2000                             |
| Driving Experience   | 15 Years And 2 Months                  |
| Gender               | Female                                 |
| Mobile Number        | (Local) +65-96781417                   |
| Fax Number           |  |
| Contact Number       |  |
| EEmail Address       | YASMIN2767@HOTMAIL.COM                 |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 131 TAMPINES ST11<br>04-250 |
| Postcode  | 521131                          |
| 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 | -<br>-<br>-                     |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                     |

#### General Information of the Accident

|                    |                            |
|--------------------|----------------------------|
| Type Of Accident   | Side Swipe- Same Direction |
| Weather Conditions | Clear                      |
| Road Surface       | Dry                        |

#### Other Information

|  |     |
|--|-----|
| Was any foreign vehicle involved in this accident? | No  |
| Was any body injured in the Accident?              | No  |
| Was any other material or property damaged?        | Yes |
| Was there any video captured by Car Camera?        | 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

REFER TO THE SKETCH PLAN

|   |     |
|---|-----|
| Are accident photos available for attachment? | Yes |
|---|-----|

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |            |
|-------------------------------------|------------|
| Vehicle Registration Number         | ST9743     |
| Vehicle Make/Model/Colour           |            |
| Details Of Properties               |            |
| Name of Driver                      | HO AH CHOO |
| NRIC/Passport Number                |            |
| Contact Number                      | 90305458   |
| Address                             |            |
| Postcode                            |            |
| Insurance Company Name              |            |
| Nature Of Damage                    |            |
| No. Of Passenger (Including Driver) |            |

#### Details of Witness

|               |  |
|---------------|--|
| Name          |  |
| Phone Number  |  |
| Email Address |  |



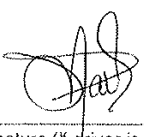
Describe Circumstances of the Accident

Exiting Gas East Plaza onto Scott Road turning left into the first lane. Vehicle B also turning into Scott Road but was on the second lane. I noticed there was another vehicle coming very fast on the second of Scott Road. Vehicle B then swerved onto ~~lane 4~~ my lane without sighting, I jam brake but it was too late & Vehicle B rear left portion collided onto my front right bumper.

Declaration

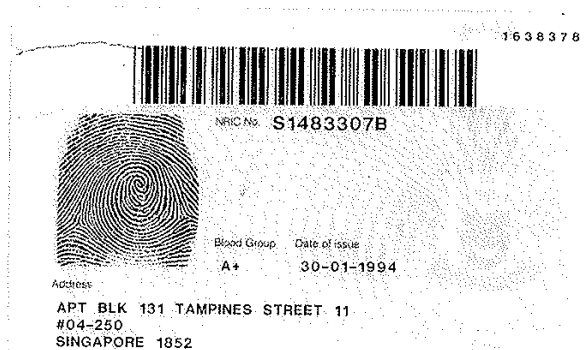
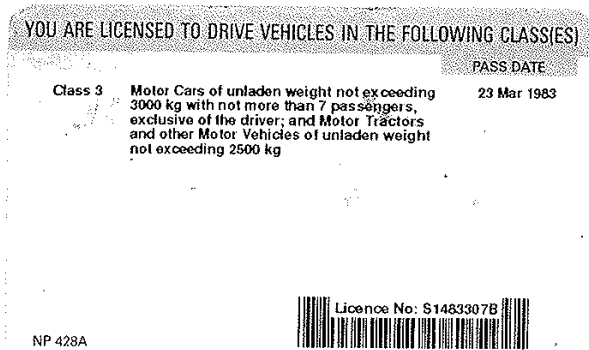
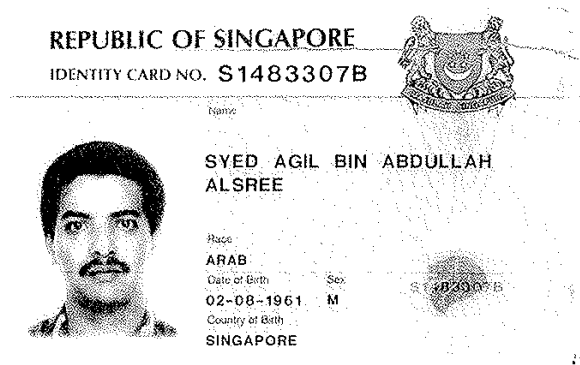
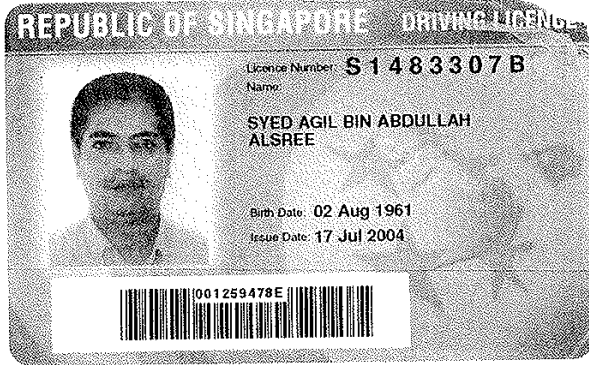
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
 8/4/15  
 4:25pm


Witnessed by Reporting Centre Personnel

  
 KENNETH



Sketch Plan Pg.4

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1812406H





Name  
SHARIFAH YASMIN BINTE  
HUSSAIN ALJUNIED

Race  
ARAB


Date of Birth  
27-01-1967

Sex  
F

Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number  
S1812406H


Name  
SHARIFAH YASMIN BINTE  
HUSSAIN ALJUNIED

Birth Date  
27 Jan 1967


Issue Date  
17 Jan 2004



1290784



NRIC No. S1812406H



Blood Group  
B+

Date of issue  
10-09-1993

Address  
APT BLK 131 TAMPINES STREET 11  
#04-250  
SINGAPORE 1852

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

|         |  | PASS DATE   |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 01 Feb 2000 |

NP 428A



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

