

## 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	27/07/2020 18:15
Date Of Accident	25/07/2020 14:10
Exact Location Of Accident	THE DRIVEWAY OF NORTH POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW6033B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEOW EILLYNE
NRIC No	S1504149H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96773572
Alternative Phone No	Office-62910469

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ C180 (1.6)
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	2100201228-08
Cover Note Number	

### Driver

Name of Driver	SEOW EILLYNE
NRIC No	S1504149H
Date Of Birth	13/07/1961
Occupation	INDOOR
Date Of Driving Pass	25/11/2015
Driving Experience	4 YEARS AND 8 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96773572
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	101 KITCHENER ROAD #07-02 SINGAPORE
Postcode	208511
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	NO COLLISION
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)	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

WSVC20001169 Accident\_Description Taxi was parked in the yellow box I was attempting to drive past him when the side mirror on the front passenger of my car swiped the side mirror of his taxi on the driver side. The side mirror of my car folded in - it could be adjusted back to normal. The side mirror of the taxi was twisted around 180 degrees. Mr Jaya the taxi driver was able to adjust the side mirror back to its original position. The side mirror of the taxi was back in its original position as shown in attached photo 2.

#### 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	SHC3383P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver  
NRIC/Passport Number

Contact Number

Address

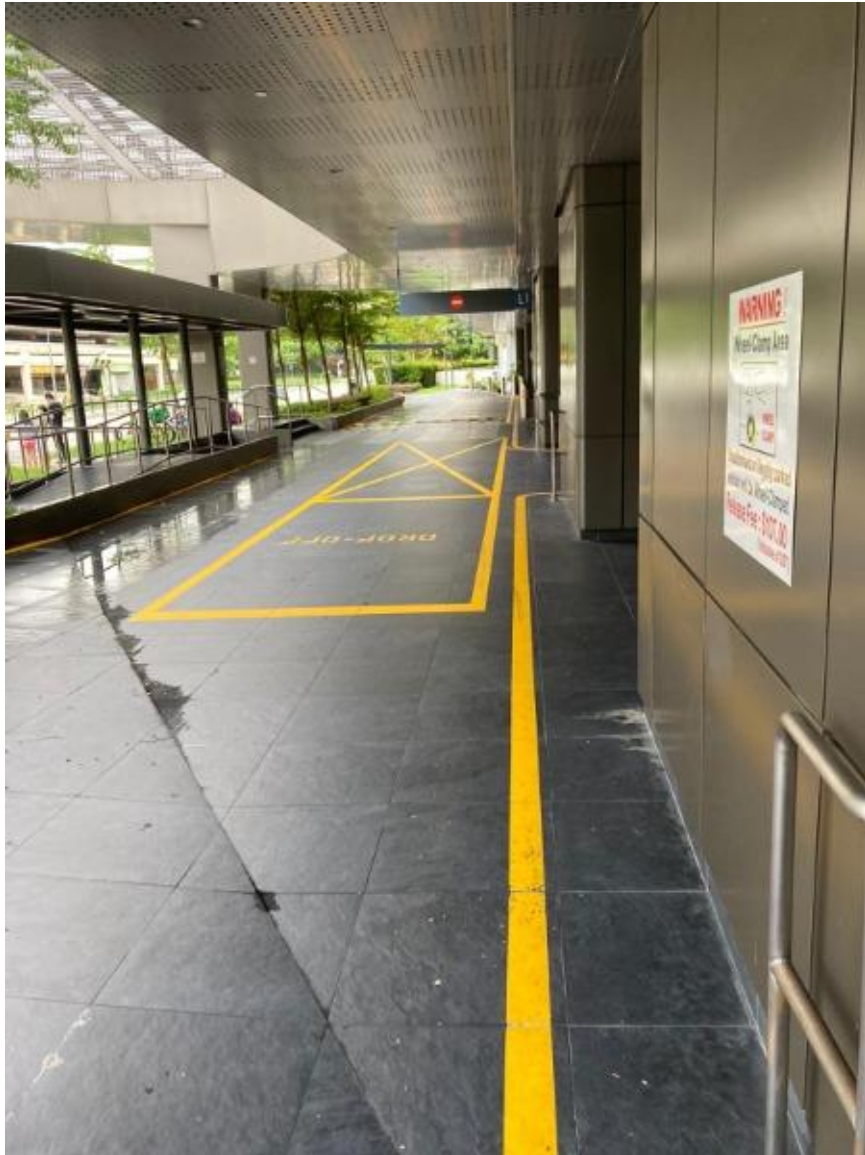
Postcode

Insurance Company Name

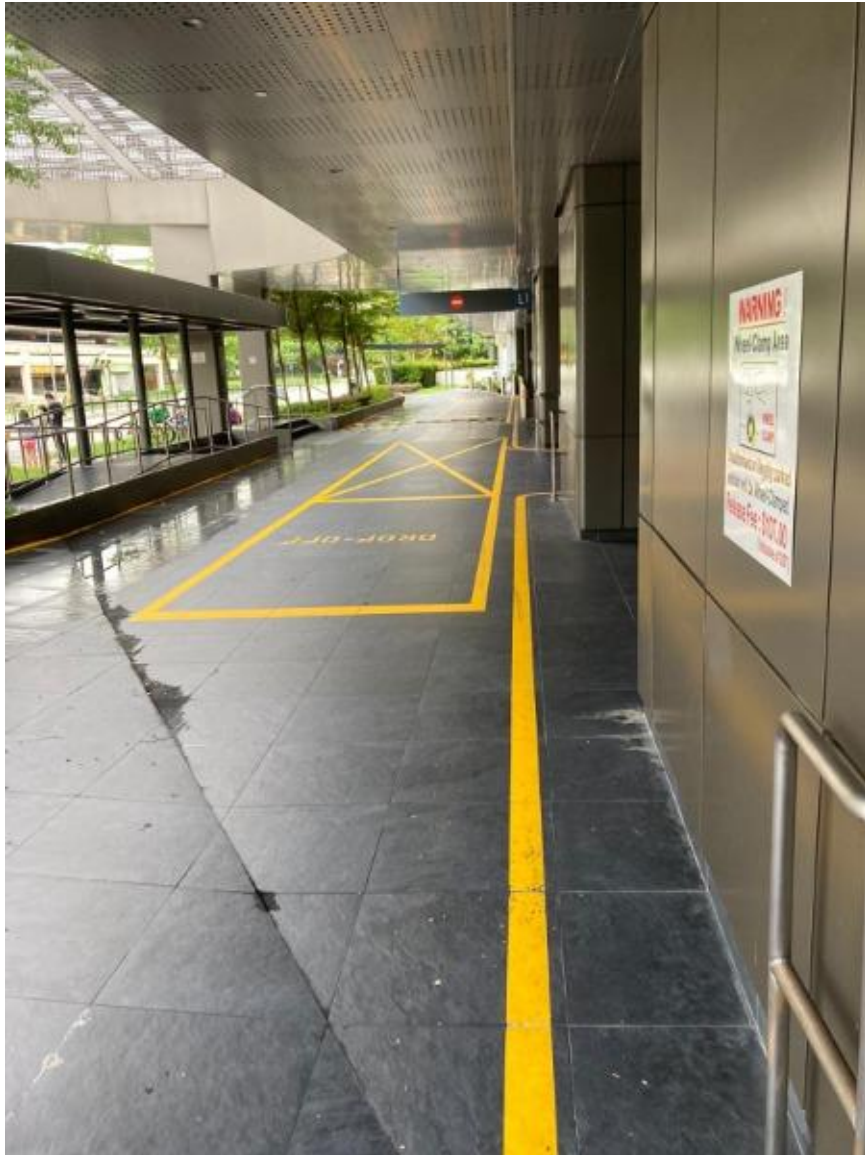
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



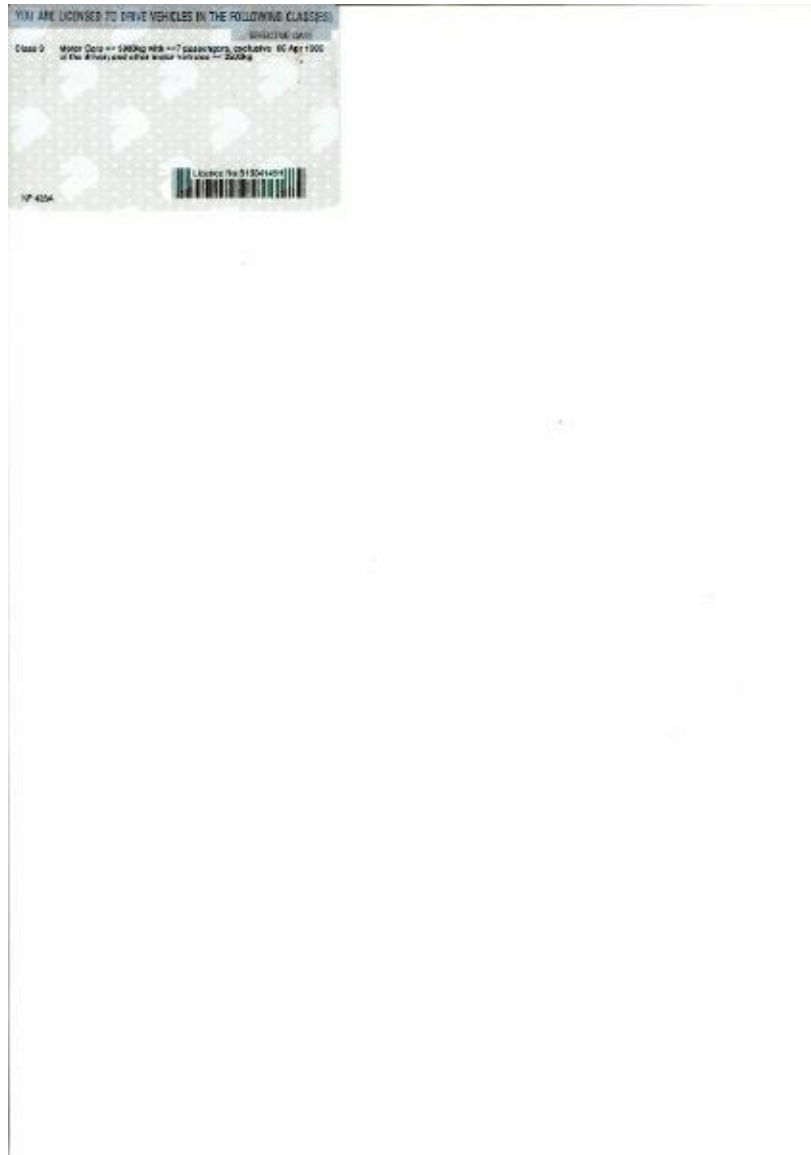


## Driving License





## Driving License



## Identification Card



Identification Card

553980



NRIC No. S1504149H

Date of issue

24-11-2015

Address

101 KITCHENER ROAD  
#07-02  
SINGAPORE 208511

