[redacted] | Lai Huat (Merc Ben) Motor Pte Ltd - Bin Ming
ENTRY DATE & TIME: 14/08/2020 10:56
SUBMITTED BY: Trisha Leong

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	15/08/2020 10:56
Date Of Accident	13/08/2020 21:20
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU2338
Insured/Policyholder	
Name Of Registered Owner	FOO LI PENG
NRIC No	SXXXX434I
Email Address	PINGVF@ROCKETMAIL.COM
Mobile Phone No	(LOCAL) +65-96449449
Alternative Phone No	OFFICE-96449449
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA 180 COUPE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700084454-02
Cover Note Number	
Driver	
Name of Driver	VANESSA TAN SHI YING
NRIC No	SXXXX856C
Date Of Birth	04/12/1996
Occupation	INDOOR
Date Of Driving Pass	29/01/2016
Driving Experience	4 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94874166
Fax Number	
Contact Number	
EMail Address	NESSAYING04@GMAIL.COM

Address	61 SHANGRI-LA WALK
Postcode	556223
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	COLLISION - CHANGE/CROSS LANE
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?	NO
Was any other material or property damaged?	YES
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

Please refer to Sketch Plan.

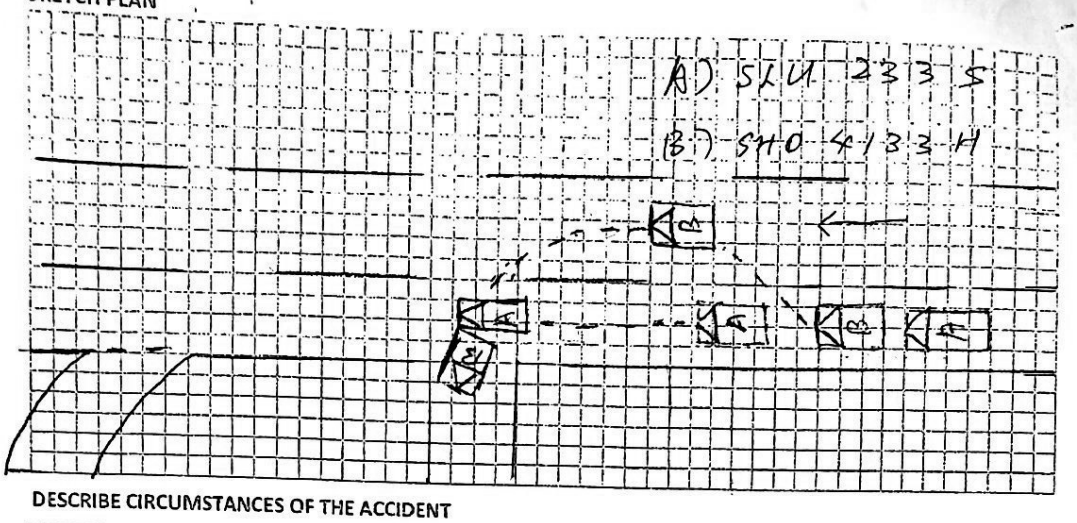
Attachment(s)

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	SHD4133H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	SXXXX134H
Contact Number	84487096
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 21:20PM, on 13 August 2020, I was driving my vehicle behind the Taxi ~~SHD1133~~ SHD4334 ~~at~~ along Holland Road. Both of us were on the 3rd lane. At 21:21PM, the taxi filters to the 2nd lane and continues straight. I continue driving on the 3rd lane.

2 seconds later, he begins to weave in and out, and travels on the middle of lanes 2 and 3. He suddenly decides to filter into the 3rd lane, and suddenly jammed his breaks to make a sharp turn left into the small lane.

Upon seeing the taxi filter back, I had pressed on my break but due to ~~the~~ the short notice (less than a second), I was unable to stop my vehicle in time to avoid colliding into him. I was also cautious that there was a car behind me and did not want to ~~brea~~ cause ~~a~~ ~~big~~ a three-way collision.

I would like to ~~sh~~ share that ~~whe~~ ~~I~~ I turned into the small lane, following the taxi to inspect the damage. He had one passenger onboard, who witnessed the accident. The taxi driver also offered to pay me $50 as he acknowledged it was his fault. He later offered $100 as I wanted to report the incident. This was witnessed by the passenger.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 15 AUG 2020

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15 AUG 2020

Reporting Centre Personnel's Signature
Name: Tracia Leow
NRIC/FIN No.:
15 AUG 2020