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

	ACCIDENT STATEMENT
Date Of Report	23/09/2020 13:23
Date Of Accident	22/09/2020 00:30
exact Location Of Accident	243 JLN KAMPONG CHANTEK, SINGAPORE 587929
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SGM1457H
nsured/Policyholder	
Name Of Registered Owner	CONSTANCE ANG LI SHAN
NRIC No	S7134203D
mail Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98288149
Alternative Phone No	Office-98288149
/ehicle Particulars	
Manufacturer	ТОУОТА
N odel	WISH MPV
exact Purpose for which vehicle was being used at ime of accident	
are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100215651-10
Cover Note Number	
Driver	
lame of Driver	RICHARD LOWELL O'BRIEN
IRIC No	S9812228A
Date Of Birth	19/04/1998

INDOOR

29/10/2019

0 YEAR AND 10 MONTH

Gender **MALE**

Mobile Number (LOCAL) +65-98288149

Fax Number

Contact Number

EMail Address NOEMAIL

23 LORONG HOW SUN Address

SINGAPORE

2

NO

NO

1

Postcode 536520

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 RAINING Road Surface** WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

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)

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

Collided side by side with another car when changing from the right utmost lane to the center lane on PIE towards Tuas near Stevens Rd

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 SFS898E

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

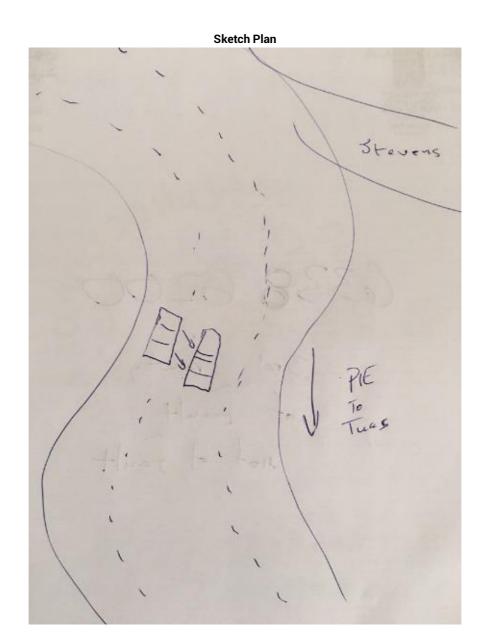
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



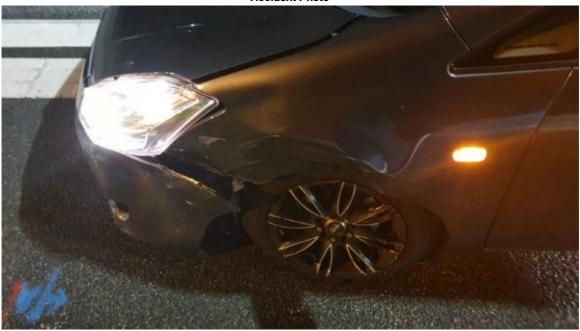




Accident Photo



Accident Photo



Driving License



