#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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 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.
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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 21:11
Date Of Accident	23/09/2020 16:05
Exact Location Of Accident	BUKIT BATOK ST 51
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMT9365D
Insured/Policyholder	
Name Of Registered Owner	BAGGARLEY SHAUN PETER
NRIC No	S2747153F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96320802
Alternative Phone No	Others-96320802
Vehicle Particulars	
Manufacturer	CITROEN
Model	C5 AIRCROSS 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	2070108926
Cover Note Number	
Driver	
Name of Driver	BAGGARLEY SHAUN PETER
NRIC No	S2747153F
Date Of Birth	21/10/1962

**INDOOR** 

19/02/2011

9 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96320802

Fax Number

**Contact Number** 

EMail Address NOEMAIL

Address 535 BUKIT BATOK STREET 52

#08-639 SINGAPORE

Postcode 650535 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

-

2

NO

2

**General Information of the Accident** 

Type Of Accident COLLISION - HEAD TO REAR

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name: : Caitlyn Baggarley

Gender: : Female

**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** 

#straightroad Moving straight & SMT9365D SLG2589B WSVC20001501 Accident\_Description SLG2589B cam to a stop SMT9365D did not notice and bumped into rear of SLG2589B

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: AUDIO / VIDEO NOT PROVIDED

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLG2589B

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)

PRIVATE CAR

## **Sketch Plan**







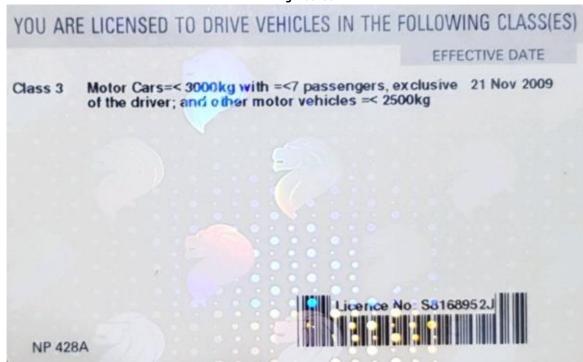




**Driving License** 



## **Driving License**

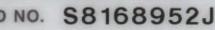


### **Identification Card**



#### **Identification Card**

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8168952J







Name

TING AI DING

Race CHINESE

Date of birth

22-10-1981 F

Sex

Country of birth

MALAYSIA

\$81**6995**2J