MAHA20091203 / AIG Asia Pacific Insurance Pte. Ltd. - SG ENTRY DATE & TIME: 19/10/2020 08:49 SUBMITTED BY: Paramchand, Vashar

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <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

	ACCIDENT STATEMENT
Date Of Report	19/10/2020 08:49
Date Of Accident	17/10/2020 15:55
Exact Location Of Accident	PIE TOWARDS PAYA LEBAR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC5302M
Insured/Policyholder	
Name Of Registered Owner	TAY HAI SONG
NRIC No	S1316406A
Email Address	TAY_SHIYING@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93364884
Alternative Phone No	Others-90308466
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 DUAL
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	2100465979-04
Cover Note Number	
Driver	
Name of Driver	TAY SHI YING
NRIC No	S9447581C
Date Of Birth	19/12/1994
Occupation	INDOOR

18/08/2014

6 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-81385957

Fax Number

Contact Number

EMail Address TAY_SHIYING@HOTMAIL.COM

Address 274B JURONG WEST STREET 25

Postcode 642274

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 - 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

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?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

2

NO

Number of Passengers (Including Driver)

Passenger 1 Name: : TAY HUI LIN

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 & amp; Moving straight slc5302m sha6614p WSVC20001635 Accident_Description The car was stationery on the high way and I stepped on the emergency brake but it did not stop in time and hit the taxi. There was a minor dent to the taxi bumper and the exhaust pipes.

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 SHA6614P

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

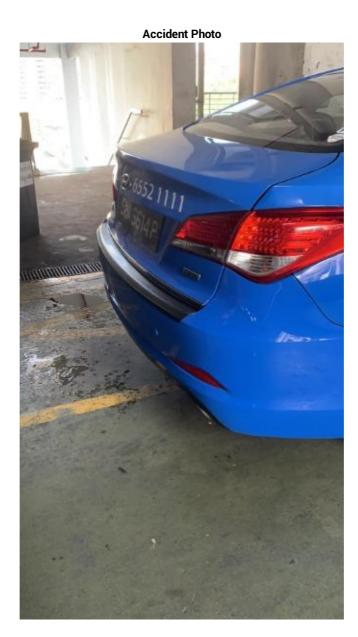
No. Of Passenger (Including Driver)

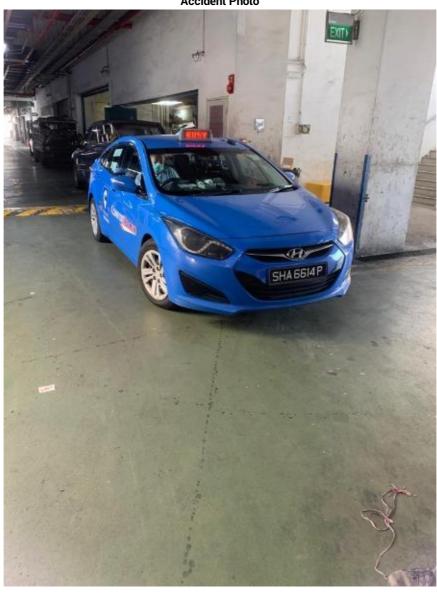
Sketch Plan







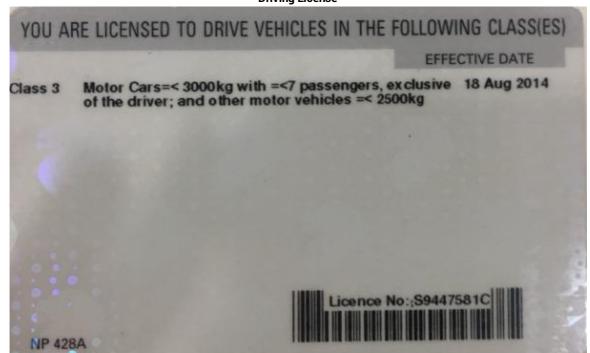




Driving License



Driving License



Identification Card



Identification Card





