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 <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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	15/11/2020 19:15
Date Of Accident	21/10/2020 17:45
Exact Location Of Accident	DUMPSTER AREA AT CHOA CHU KANG NORTH 5 (NON-PARKIN
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMJ1839J
Insured/Policyholder	
Name Of Registered Owner	TERENCE LIM SEOW HEE (LIN XIAOXI)
NRIC No	S7422446F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96837412
Alternative Phone No	OFFICE-96837412
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	BENZ B180
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	1900259957
Cover Note Number	
Driver	

 Name of Driver
 DOREEN TAN

 NRIC No
 \$7144739A

 Date Of Birth
 18/12/1971

 Occupation
 INDOOR

 Date Of Driving Pass
 04/03/2003

Driving Experience 17 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96837412

Fax Number

Contact Number

EMail Address NOEMAIL

764 CHOA CHU KANG NORTH 5 Address

#02-279 SINGAPORE

Postcode 680764

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

NO COLLISION Type Of Accident

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

1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NO

2

NO

NO

NAME: : TAN POON ENG

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

My wife (whose name is included in my policy) had stopped the car to drop my father in law who upon alighting from the car. Upon alighting he realized a motorbike was lying on the ground at the "NO PARKING & NO WAITING" dumpster area and alongside double yellow line. My wife alighted from the car to check though she did not feel the car had knocked into anything and that was when the rider of the motorbike returned to the bike and claimed that she had knocked into the bike to cause it to fall. Contact details were exchanged between him and me. Rider of the motorbike is now seeking compensation either through personal settlement or insurance claim. I was advised by Safe Harbour my insurance broker to settle this through claim instead. He has visited 2 workshops to solicit quotations for replacement of parts that were scratched or cracked due to the fall of the bike. I have taken picture of those parts. Note the motorbike was parked at an area where parking is allowed.

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

FBM652B Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

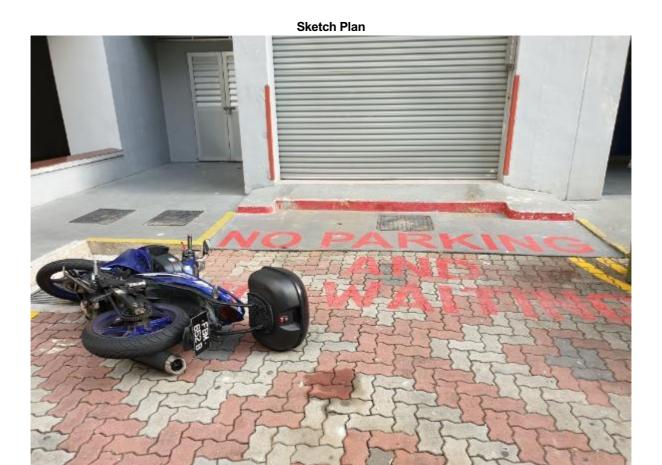
Address

Postcode

Insurance Company Name

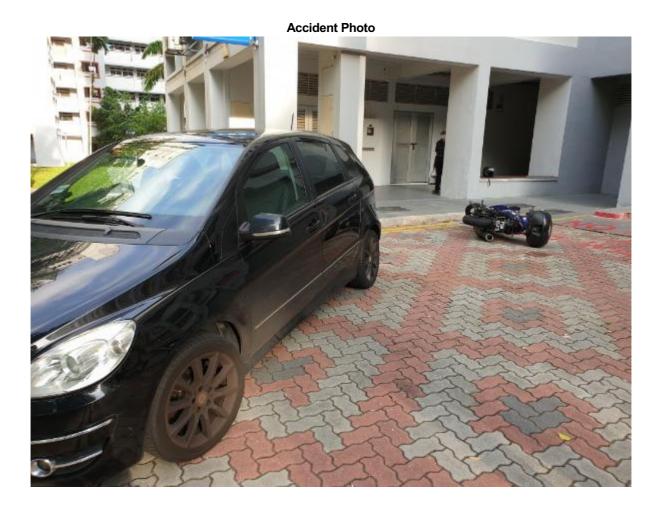
Nature Of Damage

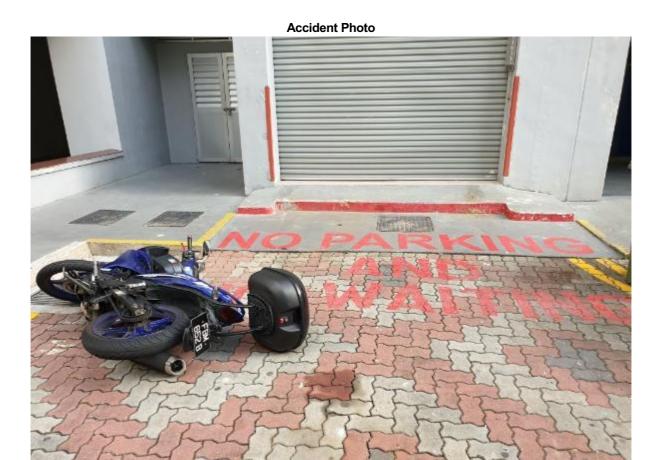
No. Of Passenger (Including Driver)



Accident Photo







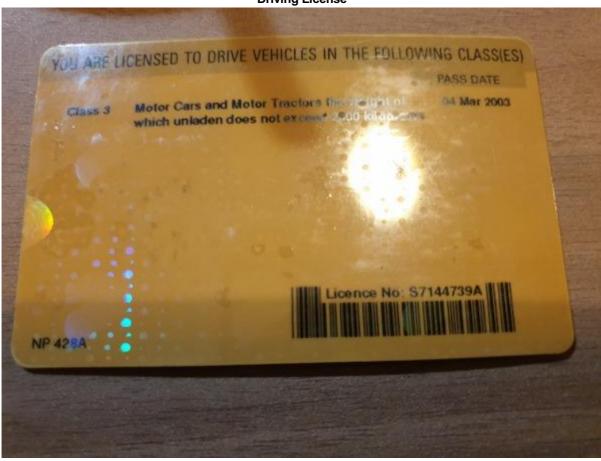
Accident Photo



Driving License



Driving License



Identification Card



Identification Card

