

## 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 Submission ..... 01/12/2020 09:39 (SGT)  
Date of Accident ..... 27/11/2019 14:00 (SGT)  
Exact Location of Accident ..... Shangri-La Hotel Rd, Singapore  
Additional Location Information ..... SHANGRI-LA HOTEL GRANGE ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLD3865M

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... REYJAL FABIEN ALEXANDRE  
Work Permit No ..... GXXXX371N  
Email Address ..... FREYJAL@DENISGROUP.NET  
Mobile Phone No ..... (Phone) +65-91116248  
Alternative Phone No ..... (Home) +65-91116248

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A3  
Variant ..... -  
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? ..... Yes  
Vehicle Category ..... Private car

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100470715-04  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... REYJAL FABIEN ALEXANDRE  
Work Permit No ..... GXXXX371N  
Date Of Birth ..... 28/11/1972  
Occupation ..... Indoor

Date Of Driving Pass .....	27/04/2016
Driving experience .....	3 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91116248
Alt. Phone Number .....	(Home) +65-91116248
Email Address .....	FREYJAL@DENISGROUP.NET
Address .....	6 LEEDON HEIGHTS
Address complement .....	#08-06 LEEDON RESIDENCE
Postcode .....	266215
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collided into Property
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	No
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

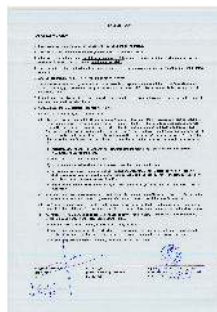
Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AFTER PICK-UP MY CAR AT HOTEL CAR-PARK, I RELIAZED MY CAR FRONT BUMPER WAS DAMAGED. I ASSUME THE INCIDENT HAPPENED THE DAY BEFORE WHEN I WAS DRIVING. I REMEMBER I HIT HARD A KERB IN THE STREET ON THE WAY TO SHANGRI-LA HOTEL.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

























































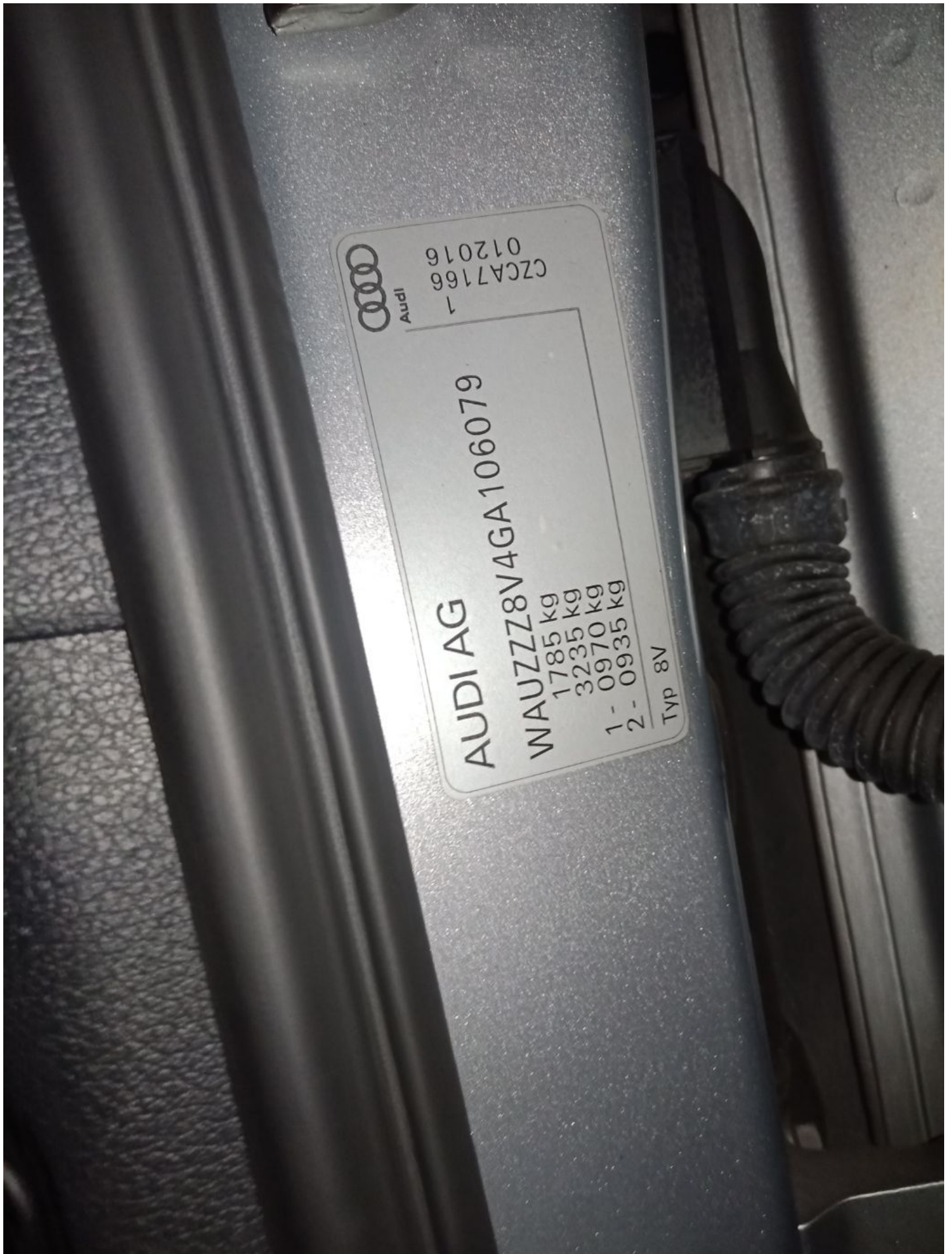




















The image shows a scan of a document titled "ADDENDUM FORM". The document contains several sections with checkboxes and text fields. The first section is titled "GENERAL INFORMATION" and includes fields for "Case No.", "Date", "Time", "Location", "Weather", "Road Conditions", "Vehicle Description", "Driver Information", "Witness Information", and "Insurance Information". The second section is titled "INVESTIGATION" and includes fields for "Investigator", "Date", "Time", "Location", "Weather", "Road Conditions", "Vehicle Description", "Driver Information", "Witness Information", and "Insurance Information". The third section is titled "CONCLUSIONS" and includes fields for "Cause of Accident", "Contributing Factors", "Recommendations", and "Remarks". The document is a standard form used for accident investigations.