

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 | 09/12/2020 16:53 (SGT) |
| Date of Accident | 09/12/2020 08:50 (SGT) |
| Exact Location of Accident | 5 Tampines Ave, Singapore |
| Additional Location Information | Carpark at Blk 942 Tampines Ave 5 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLM2607B |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | Jeran Singh |
| NRIC No | S8433701C |
| Email Address | NOEMAIL@AIG.COM |
| Mobile Phone No | (Phone) +65-94517582 |
| Alternative Phone No | +65-94517582 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Subaru |
| Model | Forester |
| Variant | - |
| 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 - Reporting only |
| Vehicle Category | Private car |

INSURANCE COMPANY

| | |
|---------------------------------|---------------|
| Name of Insurance Company | AIG |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2100504866-03 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|-------------|
| Name of Driver | Jeran Singh |
| NRIC No | S8433701C |
| Date Of Birth | 12/10/1984 |
| Occupation | Indoor |

| | |
|--|------------------------|
| Date Of Driving Pass | 24/11/2003 |
| Driving experience | 17 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-94517582 |
| Alt. Phone Number | +65-94517582 |
| Email Address | NOEMAIL@AIG.COM |
| Address | 149 Tampines Street 12 |
| Address complement | #02-66 |
| Postcode | 521149 |
| 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 Parked Vehicle |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|------------|
| Name | KAELY KAUR |
| Gender | Female |

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

R2000006808 Circumstances Of Accident I (SLM2607B) was reversing into a parking lot and hit the front of the vehicle SLE3000L. As the vehicle was parked and had no one inside i manage to retrieve the owners details thru a name card on the windscreen and proceeded to inform the owner Ms Ng Back Lang (HP: 93211288) of the incident.

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 | SLE3000L |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|----------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-93211288 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |







