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 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.

ACCIDENT STATEMENT

Date of Submission 09/12/2020 16:14 (SGT) Date of Accident 08/12/2020 16:30 (SGT) Exact Location of Accident Singapore Additional Location Information ORCHARD ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SFW6263B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHANG CHEE SENG WINSON NRIC No. S6905877I Email Address mr.winson.chang@gmail.com Mobile Phone No (Phone) +65-96897789 Alternative Phone No +65-96897789

VEHICLE PARTICULARS

Manufacturer

Model 200e 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 Policy Number 1800066434-02 Cover Note Number

DRIVER

Name of Driver CHANG CHEE SENG WINSON NRIC No S6905877I Date Of Birth 15/02/1969 Occupation Indoor

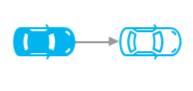
Date Of Driving Pass 23/08/1996 Driving experience 24 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96897789 Alt. Phone Number +65-96897789 Email Address mr.winson.chang@gmail.com Address 80 DAKOTA CRESCENT Address complement WATERBANK AT DAKOTA, #04-20 Postcode 339946 Is the driver the policyholder? 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 Drove into the front car in slow moving traffic. ATTACHMENT(S) Are accident photos available for attachment? Yes

Yes

No

Was there any video captured by Car Camera?

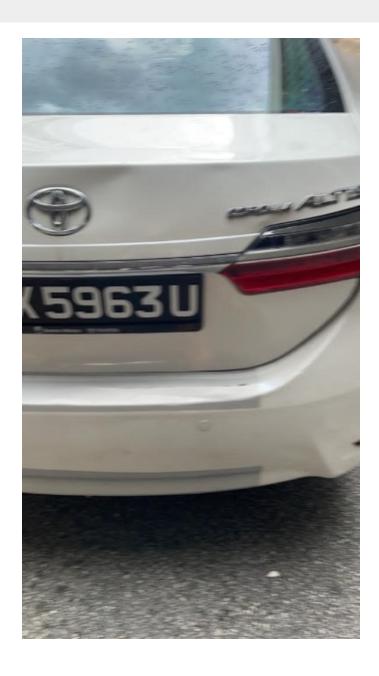
Was there any audio recorded?













GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION (6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM		
١)	PARTICULARS OF PERSON MAKING TH	HEAMENDMENTS:
	Original Report No :	Vehicle Registration No:
	Name(as shown in NRIC):	NRIC/FIN/Passport No:
	(*Vehicle Driver/Vehicle Owner) (*) P	lease delete as appropriate
	Address :	Singapore(
	Contact (Tel) :	Mobile No. :
	Email Address :	
	Date of Accident :	Time of Accident :
	Place of Accident :	
	Insurance Company :	
3)	ADDITIONALINFORMATION / AMENI	24474176
	TO AMEND THE VEHICLE	ntioned accident and would like to include additional information or E NO TO SFW6263B
	-	
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name:
		NRIC/FINNo.: Date:

GIARMC addendumform_V