

## 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	15/12/2020 11:41 (SGT)
Date of Accident	14/12/2020 18:42 (SGT)
Exact Location of Accident	Bukit Batok, Singapore
Additional Location Information	28 bukit batok street 52 singapore 659248(open air carpark)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3081R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Hsu Su Neng
NRIC No	[REDACTED]
Email Address	[REDACTED]
Mobile Phone No	(Phone) - [REDACTED]
Alternative Phone No	+65- [REDACTED]

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	2100501669-03
Cover Note Number	-

#### DRIVER

Name of Driver	Hsu Su Neng
NRIC No	[REDACTED]
Date Of Birth	[REDACTED]
Occupation	Indoor

Date Of Driving Pass	11/04/2003
Driving experience	17 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) [REDACTED]
Alt. Phone Number	+65 [REDACTED]
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	[REDACTED]
Postcode	[REDACTED]
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	Side Swipe
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)	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

R2000006832    Circumstances Of Accident    The driver of vehicle no SMH1801C is reversing out of the car lot and the owner of vehicle no SLL3081R is exiting the car park. The back of the reversing car and the on moving vehicle had a slight swipe.

#### 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	SMH1801C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	<input type="text"/>	<input type="button" value="⌵"/>
Insurance Company Name	<input type="text"/>	<input type="button" value="⌵"/>
Nature Of Damage	<input type="text"/>	<input type="button" value="⌵"/>
Details of property damaged in accident	<input type="text"/>	<input type="button" value="⌵"/>
No. Of Passenger (Including Driver)	<input type="text"/>	<input type="button" value="⌵"/>













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

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : R2000006832 Vehicle Registration No: SLL3081R  
Name(as shown in NRIC) : Hsu Su Neng NRIC/FIN/Passport No : S2202838C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Carabelle 57 West Coast Way 06-10 Singapore( 127018 )  
Contact (Tel) : +65-67777031 Mobile No. : +65-96623177  
Email Address : Suneng05@yahoo.com  
Date of Accident : 14/12/2020 Time of Accident : 18:42  
Place of Accident : 28 bukit batok street 52 singapore 659248(open air carpark)  
Insurance Company: AIG

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I will like to change the email address from crsurvey@inchcape.com.sg to Kscgp8@gmail.com for I am  
changing workshop to service my car. Thank you.

Hsu Su Neng

Policyholder / Driver's Signature

Date: 17/12/2020 Hsu Su Neng (Dec 16, 2020 18:50 PST)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: