

## 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 ..... 16/12/2020 16:56 (SGT)  
Date of Accident ..... 12/12/2020 16:25 (SGT)  
Exact Location of Accident ..... Orchard Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SFJ9180E

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Mak Yew Sung  
NRIC No ..... S0172145C  
Email Address ..... MAK1121@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-90060383  
Alternative Phone No ..... +65-90060383

#### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
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 ..... 2100373455-06  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... Mak Yew Sung  
NRIC No ..... S0172145C  
Date Of Birth ..... 20/11/1953  
Occupation ..... Indoor

Date Of Driving Pass .....	26/11/2010
Driving experience .....	10 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-90060383
Alt. Phone Number .....	+65-90060383
Email Address .....	MAK1121@HOTMAIL.COM
Address .....	Blk 681A Woodlands Drive 62
Address complement .....	#07-03 SINGAPORE
Postcode .....	731681
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 - Change/cross lane
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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

My car SFJ9180E was crossing to lane on my right side. Signal light was on and I turned head to check blind spot. The road was clear so I inched forward to the right to enter the lane. Out of nowhere SLZ2548U came beside me and our cars collided lightly. My front right bumper hit the left side door panel of SLZ2548U and made a line of scratch as SLZ2548U was still moving forward.

#### 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 .....	SLZ2548U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-90460018
Address .....	-
Address complement .....	-

Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -









