

## 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 Report	25/11/2020 20:44
Date Of Accident	17/11/2020 13:10
Exact Location Of Accident	THOMPSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6875J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MINARNI @WANG EK CHIN
NRIC No	SXXXX938A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92391158
Alternative Phone No	Others-62708916

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100159337-11
Cover Note Number	

### Driver

Name of Driver	MINARNI @WANG EK CHIN
NRIC No	SXXXX938A
Date Of Birth	10/08/1945
Occupation	INDOOR
Date Of Driving Pass	07/10/2003
Driving Experience	17 YEARS AND 1 MONTH

Gender	FEMALE
Mobile Number	(LOCAL) +65-92391158
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	114 BUKIT PURMEI ROAD #15-255 SINGAPORE
Postcode	090114
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	Name: : minarni Gender: : Female
Passenger 2	Name: : sunarti Gender: : Female

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TELOK BLANGAH NPP
Police Station Address	<b>ROAD:</b> 51 TELOK BLANGAH DRIVE #01-116 , <b>POSTCODE:</b> 100055 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

#straightroad Changing lane & Moving in own Lane No detail Sjs6875j WSVC20001852 Accident\_Description At the traffic light at moulmein Road when the traffic light turned green I turned into Thompson Road at 20km/h. As I turned a car turned into my lane from my left. I felt a slight graze on the left side of the front of the car. As I need to send my wife to her medical appointment at 148pm I did not stop to pursue the matter with the other driver. The other driver did not stop too and drove off when the incident happened.

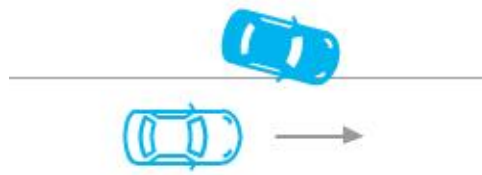
#### Attachment(s)

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### Sketch Plan



Accident Photo



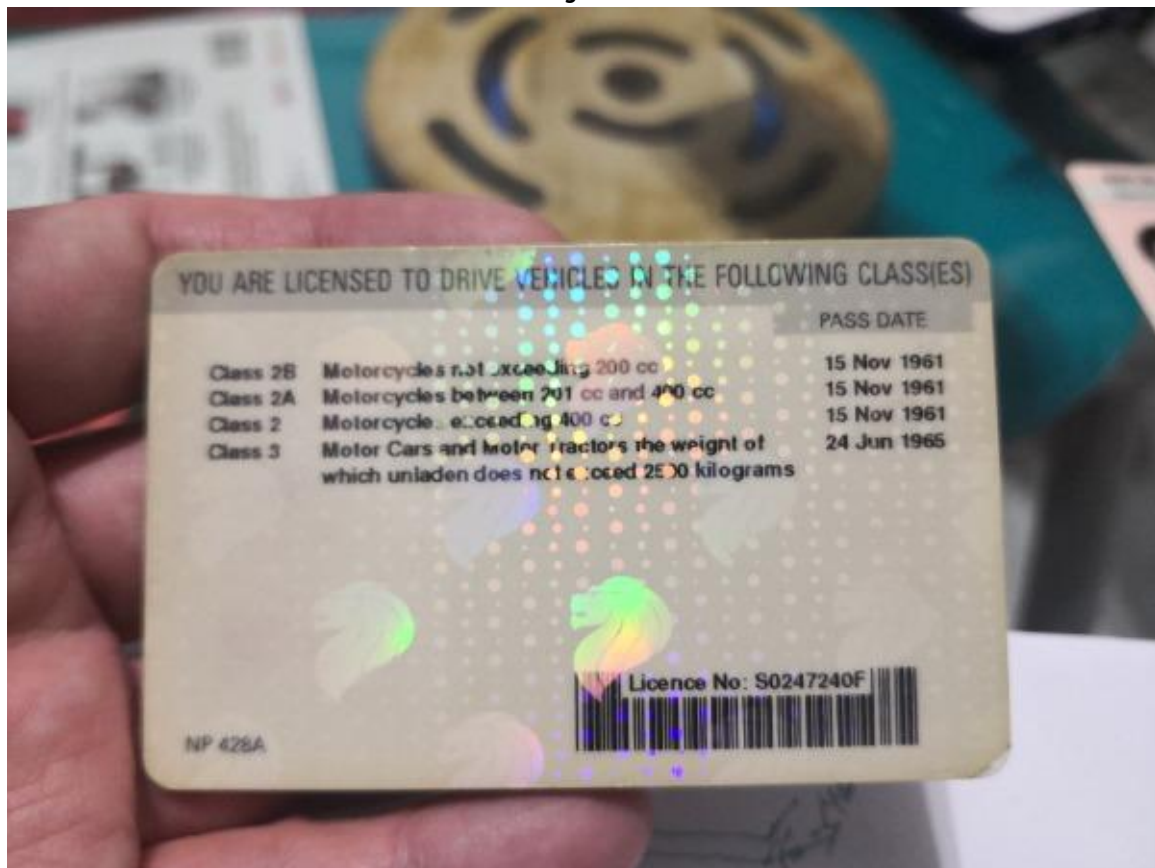
Accident Photo



Driving License



## Driving License





Identification Card



Identification Card

