

## 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 ..... 09/06/2021 14:03 (SGT)  
Date of Accident ..... 15/01/2021 18:50 (SGT)  
Exact Location of Accident ..... ECP, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SCQ1888Z

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MA JIANGHAO  
NRIC No ..... S8672287I  
Email Address ..... alsomygh@aia.com.sg  
Mobile Phone No ..... (Phone) +65-93873358  
Alternative Phone No ..... +65-93873358

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... Q7  
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  
Transmission ..... Auto  
CC ..... 1984

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800010842-03  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... Lin Qianhui  
NRIC No ..... S8682562G

Date Of Birth .....	29/12/1986
Occupation .....	Indoor
Date Of Driving Pass .....	27/08/2013
Driving experience .....	7 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-93873358
Alt. Phone Number .....	-
Email Address .....	NOEMAIL@AIG.COM
Address .....	63 SENNETT LANE
Address complement .....	EAST COAST HILL SINGAPORE
Postcode .....	466954
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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 on collision
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 .....	Ma Shuo
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Mountbatten Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18003449999
Alt. Police Station Phone No .....	(Fax) +65-64474185
Police Station Address .....	Blk 60 Dakota Crescent #01-213/ 215 Singapore 390060
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

On 15 January 2021 at about 1850hrs. I was driving my vehicles SCQ1888Z along East Coast Parkway(ECP) traveling toward Bedok with one of my passenger which is my 8 year old son. At the point of time the traffic was heavy and all the vehicle were moving slow. My speed was about 40km/h. Subsequently a vehicle SLW3180E in front of me suddenly braked

I immediately stepped on my brake. However my vehicle did not stop on time and touched onto rear of the vehicle in front of me. There i no damage on my vehicle and no one was injured. The other vehicle a dent on the rear boot area. We stoppe and the side of the road and exchanged particulars. The other driver inform me that he will claim from insurance.

#### 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 .....	SLW3180E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-





