

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 08/02/2021 16:33 (SGT)
Date of Accident 06/02/2021 18:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information Slip road of TPE/Changi into Pasir Ris Dr 8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU8171Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YAN ZHENG WEI CHRISTOPHER
NRIC No S8922116A
Email Address noemail@aig.com
Mobile Phone No (Phone) +65-97668590
Alternative Phone No +65-89516756

VEHICLE PARTICULARS

Manufacturer Audi
Model A5
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 2070126882
Cover Note Number -

DRIVER

Name of Driver YAN ZHENG WEI CHRISTOPHER
NRIC No S8922116A
Date Of Birth 30/05/1989
Occupation Indoor

Date Of Driving Pass	05/05/2016
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97668590
Alt. Phone Number	+65-89516756
Email Address	noemail@aig.com
Address	37 LEEDON ROAD
Address complement	SINGAPORE
Postcode	-
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	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

R2000007065 Circumstances Of Accident I was driving normally and making a left turn on the slip road of TPE/Changi into Pasir Ris Dr 8. Both cars had stopped at the give way line. I was checking my right side for car before moving off to the joining road. I briefly accelerated to join the main road however

SHD1153U did not move off and there was a slight collision with the front of my car with SHD1153U. The damage was virtually non-existent. The apparent visible damage on the front of my vehicle was actually just dust and dirt . Once I cleaned it there was almost no damage as evidenced by one of the photographs that I upload.

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	SHD1153U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-

Contact Number	(Phone) +65-89516756
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-









