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 witholding 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 the control of this report will fee fee be made qualified to the proposition by interested parties. 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 Date of Accident Exact Location of Accident Additional Location Information	05/04/2021 10:54 (SGT) 02/04/2021 16:19 (SGT) Singapore Lorong 6 Toa Payoh (Minor Road) exit into Braddell Road (Major
	Lorong 6 Toa Payoh (Minor Road) exit into Braddell Road (Major Road)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX8780Z
INSURED/POLICYHOLDER	
la commanu?	

is company?	No
Name Of Registered Owner	GOH WEE SIN (WU WEIXIN)
NRIC No	S7249444Z
Email Address	noemail@aig.com
Mobile Phone No	(Phone) +65-93874385
Alternative Phone No	+65-81013220

VEHICLE PARTICULARS

Manufacturar

Manufacturer	Kıa
Model	Niro
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to	No - Reporting only
your vehicle? Vehicle Category	
3 ,	Private car
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number	AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No
Policy Number	7210011585
Cover Note Number	-

DRIVER

Name of Driver **GOH GERMAINE**



NRIC No T01141111 Date Of Birth 14/05/2001 Occupation Indoor Date Of Driving Pass 14/07/2020 Driving experience 9 MONTHS Gender Female Mobile Number (Phone) +65-93874385 Alt. Phone Number Email Address NOEMAIL@AIG.COM Address 11 JALAN DERUM Address complement SEMBAWANG GARDEN ARCADE SINGAPORE Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 R2000007302 Circumstances Of Accident As per picture attached minor road exit to major road was looking out for cars at major road and did not watch out for the car in front which has stopped. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident VIDEO NOT PROVIDED Was there any audio recorded? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SHC6768T** Vehicle Manufacturer

Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category	Taxi
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)	















