

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	14/04/2021 10:13 (SGT)
Date of Accident	13/04/2021 13:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Before Slip road from Paya Lebar Road joining PIE underneath Paya Lebar Flyover
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV9182C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SWEE SIANG CYRIL
NRIC No	S6837148A
Email Address	noemail@aig.com
Mobile Phone No	(Phone) +65-97910791
Alternative Phone No	+65-97910791

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070128895
Cover Note Number	-

DRIVER

Name of Driver	ZHAO XIAOQIAN
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NRIC No	S8269253C
Date Of Birth	10/10/1982
Occupation	Indoor
Date Of Driving Pass	17/09/2014
Driving experience	6 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97910791
Alt. Phone Number	-
Email Address	noemail@aig.com
Address	48 CARPMAEL ROAD
Address complement	THE CARPMAELINA #03-12 SINGAPORE
Postcode	429974
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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

I was driving along Paya Lebar Road and wanted to filter to the left to enter the slip road that joins PIE. As I did that I did not check properly and banged into 3rd party car (black toyota Estima). In haste and as I have never been in an accident before I did not take down the 3rd party vehicle number as well as the owners details. I did however give my husband's mobile number to him. When he calls I will furnish these details to AIG immediately please.

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	SKV9182C
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)	-









