

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	22/06/2021 14:10 (SGT)
Date of Accident	21/06/2021 23:05 (SGT)
Exact Location of Accident	70 Zion Rd, Singapore 247792
Additional Location Information	Intersection of Mohamed Sultan Road and River Valley Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS271E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KONDEKERIL PHILIP GEORGE
NRIC No	G6279845P
Email Address	NOEMAIL@AIG.COM
Mobile Phone No	(Phone) +65-96187922
Alternative Phone No	+65-97309410

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc40
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1969

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070013405
Cover Note Number	-

DRIVER

Name of Driver	Cheryl Ellama Eribaren
Passport No/FIN	G5176265M

Date Of Birth	27/11/1984
Occupation	Indoor
Date Of Driving Pass	28/12/2020
Driving experience	6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97309410
Alt. Phone Number	-
Email Address	NOEMAIL@AIG.COM
Address	5 JALAN SIAP
Address complement	FUYONG ESTATE SINGAPORE
Postcode	678545
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	Side Swipe
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	George Kondekeril Philip
Gender	Male

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

Side swipe when turning left. Refer Video.

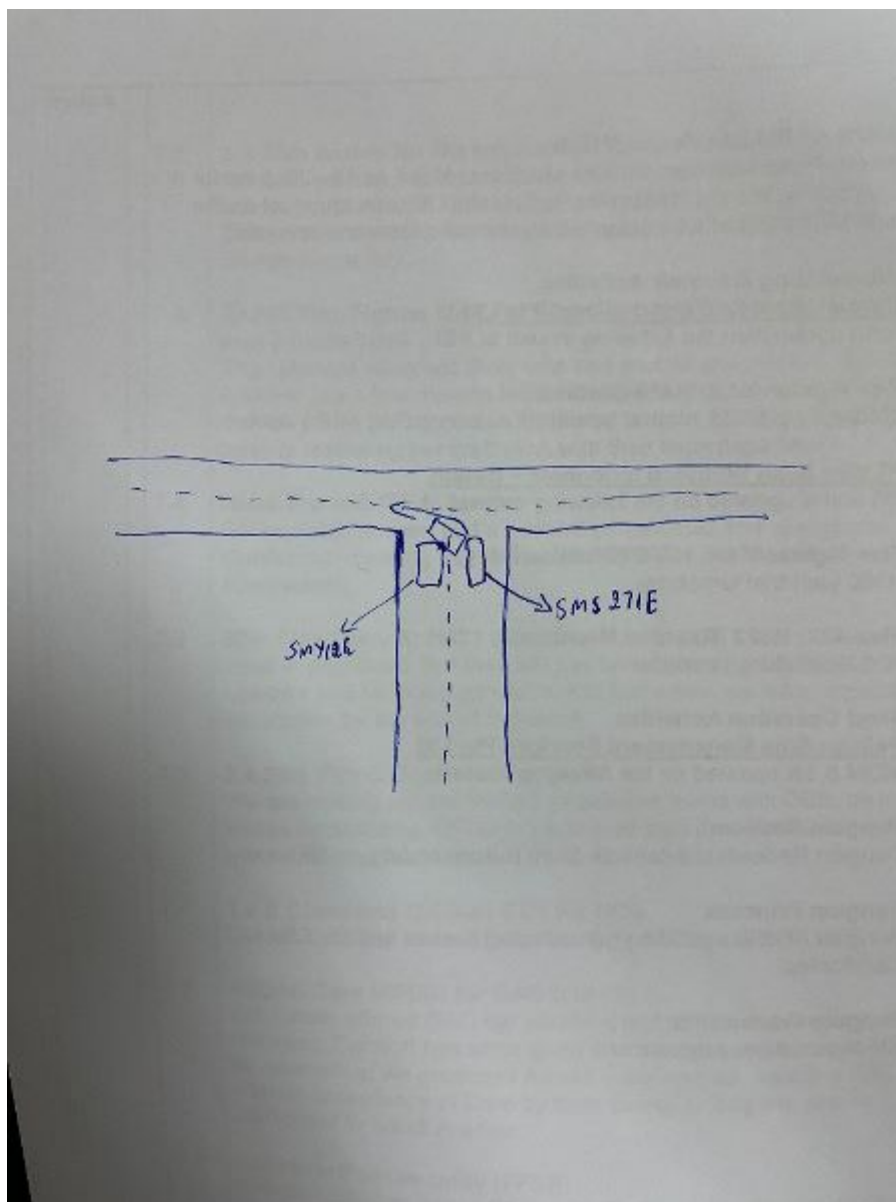
ATTACHMENT(S)

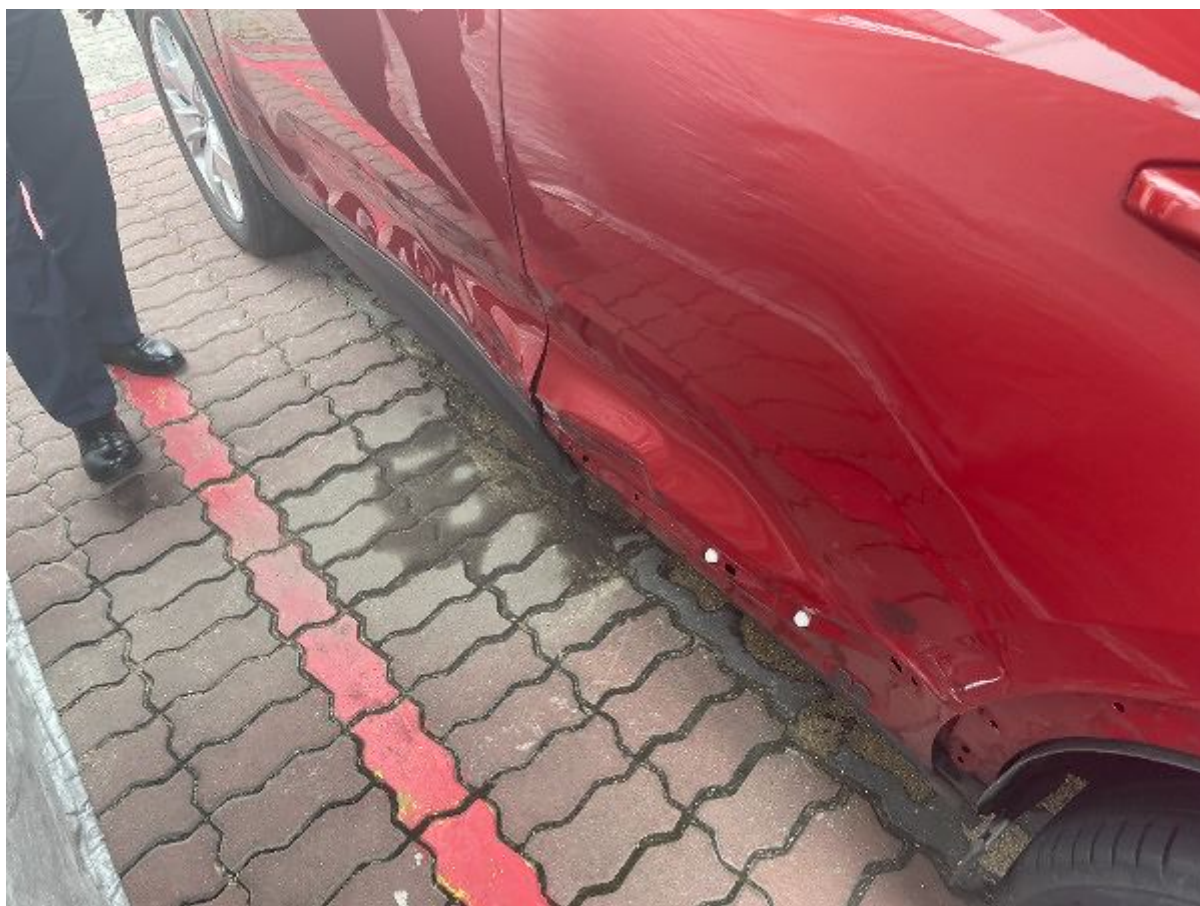
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	NO VIDEO UPLOADED
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

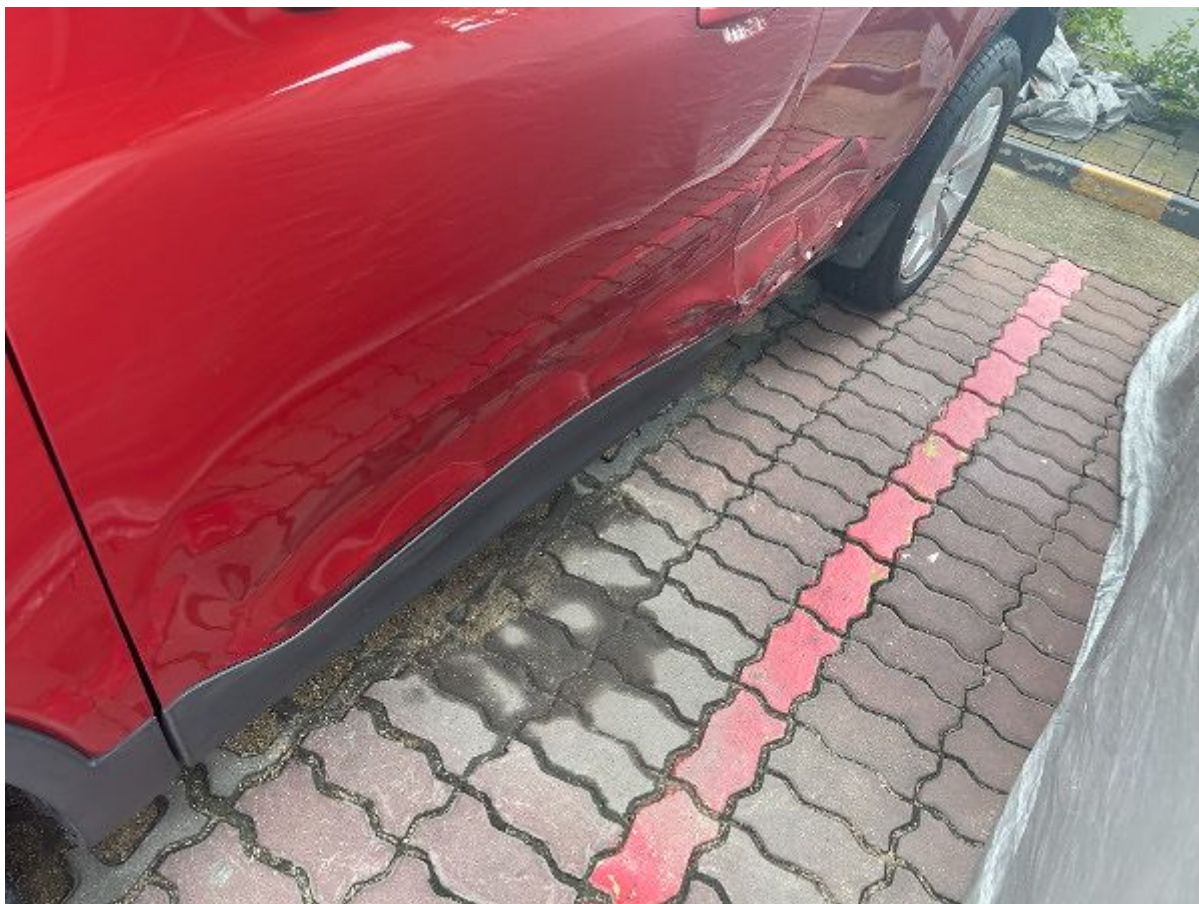
Vehicle Registration Number	SMY12E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

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)	-











GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18 00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S65500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

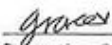
Original Report No : SA01216M0004 Vehicle Registration No : SMS 271E
Name (as shown in NRIC) : KONDEERIL PHILIP NRIC/FIN/Passport No : G62798458
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 9618 7922
Email Address : _____
Date of Accident : 21/06/2021 Time of Accident : 1205
Place of Accident : INTERSECTION OF MUDA SULTAN RD & RIVER VALLEY RD.
Insurance Company : ATA ASIA PACIFIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Amend reporting only to OD claim.


Policyholder / Driver's Signature
Date: 24/06/21


Reporting Centre Personnel's Signature
Name: GRACE TAN
NRIC/FIN No.:
Date: 24/6/2021