SA01218I0003 / AIG Asia Pacific Insurance Pte. Ltd. ENTRY DATE & TIME: 18/08/2021 10:23 (SGT) SUBMITTED BY: Rumli, Sharizah VERSION: 1 (18/08/2021 10:23 (SGT))

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.

- 4. The issue and acceptance of this is form by instrained 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 18/08/2021 10:23 (SGT) Date of Accident 09/08/2021 22:41 (SGT) Exact Location of Accident Singapore Additional Location Information Along Lorong 2 Toa Payoh. Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJA3022T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Tan Kiang Fee NRIC No. S0010229F Email Address NOEMAIL@AIG.COM Mobile Phone No (Phone) +65-96961951 Alternative Phone No +65-96961951

VEHICLE PARTICULARS

Manufacturer

Mitsubishi Model Lancer 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 1584

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2100052614-13 Cover Note Number

DRIVER

Name of Driver TAN ZHI WEI NRIC No. S7900466I

Date Of Birth 02/01/1979 Occupation Indoor Date Of Driving Pass 01/04/1999 Driving experience 22 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96961951 Alt. Phone Number Email Address NOEMAIL@AIG.COM Address Blk 202 Choa Chu Kang Avenue 1 Address complement #07-75 SINGAPORE Postcode 680202 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT SMU3588Z stopping infront traffic lights SJA3022T trying to completely stop and slightly hit SMU3588Z bumper driver of the vehicle came out and inspected his car No any bent and serious damage at the bumper Vehicle SMU3588Z told me that this car does not own by him he has to get home and inform his family members . 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
 SMN3588Z

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver

 Contact Number
 (Phone) +65-86938180

Address		<u>-</u>
Address complement		
Postcode		<u>-</u>
Insurance Company Name		
Nature Of Damage		<u>-</u>
Details of property damaged in accident	 	-
No. Of Passenger (Including Driver)	 	-





