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.

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 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 16/08/2021 15:37 (SGT) Date of Accident 15/08/2021 16:15 (SGT) Exact Location of Accident Singapore Additional Location Information Zebra crossing from Stevens Road into Bukit Timah Road Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT1339H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Lum Say Keong NRIC No S1485446J Email Address NOEMAIL@AIG.COM Mobile Phone No (Phone) +65-97895907 Alternative Phone No +65-97895097

VEHICLE PARTICULARS

Manufacturer Nissan Model Qashqai 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 1197

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 2070056768 Cover Note Number

DRIVER

Name of Driver ALVIN LUM CHENG HONG NRIC No S9319515I Date Of Birth 31/05/1993 Occupation Indoor Date Of Driving Pass 12/06/2013 Driving experience 8 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-92969909 Alt. Phone Number Email Address NOEMAIL@AIG.COM Address 160A PUNGGOL CENTRAL Address complement Postcode 821160 Is the driver the policyholder? Nο 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 - 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? No 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I bumped into the vehicle ahead of me at the zebra crossing from Stevens Road turning into Bukit Timah Road. I thought that the zebra

crossing was clear and the vehicle will proceed but a pedestrian emerged to cross the zebra crossing and the vehicle stopped. I did not stop in time and bump into the vehicle ahead.

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 SNB9119G Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver

| Contact Number | (Phone) +65-92968682 |
|---|----------------------|
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | _ |





