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 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 24/08/2021 12:05 (SGT) Date of Accident 23/08/2021 11:35 (SGT) Exact Location of Accident Singapore Additional Location Information Slip Road from Clementi Road to Upper Bukit Timah Road Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJG3003S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner DAPHNE JOSH WU BEE KANG NRIC No S1702750F Email Address NOEMAIL@AIG.COM Mobile Phone No (Phone) +65-97111110 Alternative Phone No +65-97111110

VEHICLE PARTICULARS

Manufacturer

Chrysler Model Jeep 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 3778

INSURANCE COMPANY

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

DRIVER

Name of Driver DAPHNE JOSH WU BEE KANG NRIC No S1702750F

Date Of Birth 30/07/1965 Occupation Indoor Date Of Driving Pass 27/07/1996 Driving experience 25 YEARS AND 1 MONTH Gender Female Mobile Number (Phone) +65-97111110 Alt. Phone Number +65-97111110 Email Address NOEMAIL@AIG.COM Address 6 RIDGEWOOD CLOSE Address complement THE TRIZON #01-06 SINGAPORE Postcode 276697 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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? Nο 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 Taxi jammed brakes after entering first lane of main road ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο









