SA0121B20003 / AIG Asia Pacific Insurance Pte. Ltd. ENTRY DATE & TIME: 02/11/2021 10:13 (SGT) SUBMITTED BY: Paramchand, Varsha VERSION: 1 (02/11/2021 10:13 (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 02/11/2021 10:13 (SGT) Date of Accident 30/10/2021 11:55 (SGT) Exact Location of Accident Singapore Additional Location Information Collision - Head to Rear (I hit a third party vehicle) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJD311M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM WEE KIAK NRIC No. S6847995I Email Address limweekiak@gmail.com Mobile Phone No (Phone) +65-97801322 Alternative Phone No +65-63666880

VEHICLE PARTICULARS

Manufacturer Jaguar Model Xf Variant XF 2.2 DIESEL LUXURY 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 2179

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2100337286-08 Cover Note Number

DRIVER

Name of Driver Alex Lim Yi Shuen NRIC No. T0034823B

Date Of Birth 03/10/2000 Occupation Indoor Date Of Driving Pass 26/03/2019 Driving experience 2 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-98625483 Alt. Phone Number Email Address noemail@aig.com Address 28 SUNRISE AVENUE Address complement FLORIDA PARK Postcode Is the driver the policyholder? No 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? 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT R2000008020 Circumstances Of Accident There was a traffic jam on the day. The vehicle in front was constantly accelerating and breaking. When he accelerated and jam breaked I did not managed to jam break in time resulting in the accident. 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 SMR3276C

Private car

Accident report SA0121B20003

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	-
Contact Number	(Phone) +65-92201883
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_





