

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 09/11/2021 09:46 (SGT)
Date of Accident 07/11/2021 22:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information At junction of South Bridge Road and Temple Street
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD303B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Koh Boon Pin (Xiu Wenbin)
NRIC No S7629343J
Email Address noemail@aig.com
Mobile Phone No (Phone) +65-81698818
Alternative Phone No +65-81698818

VEHICLE PARTICULARS

Manufacturer BMW
Model 116
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 1496

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800085093-03
Cover Note Number -

DRIVER

Name of Driver Koh Boon Pin (Xiu Wenbin)
NRIC No S7629343J

Date Of Birth	16/09/1976
Occupation	Indoor
Date Of Driving Pass	03/07/2004
Driving experience	17 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81698818
Alt. Phone Number	+65-81698818
Email Address	noemail@aig.com
Address	9 LEEDON HEIGHTS
Address complement	D'LEEDON #14-25 SINGAPORE
Postcode	-
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 - Major/Minor Rd
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

R2000008040 Circumstances Of Accident I was driving along temple street towards south bridge road. As I was driving towards south driving road

I looked left and then right and then left

but before my head moved back to the left

and as my car was at the edge of South Bridge Road

I felt a slight knock on my car. I was surprised and switched on my hazard light before alighting to assess the situation

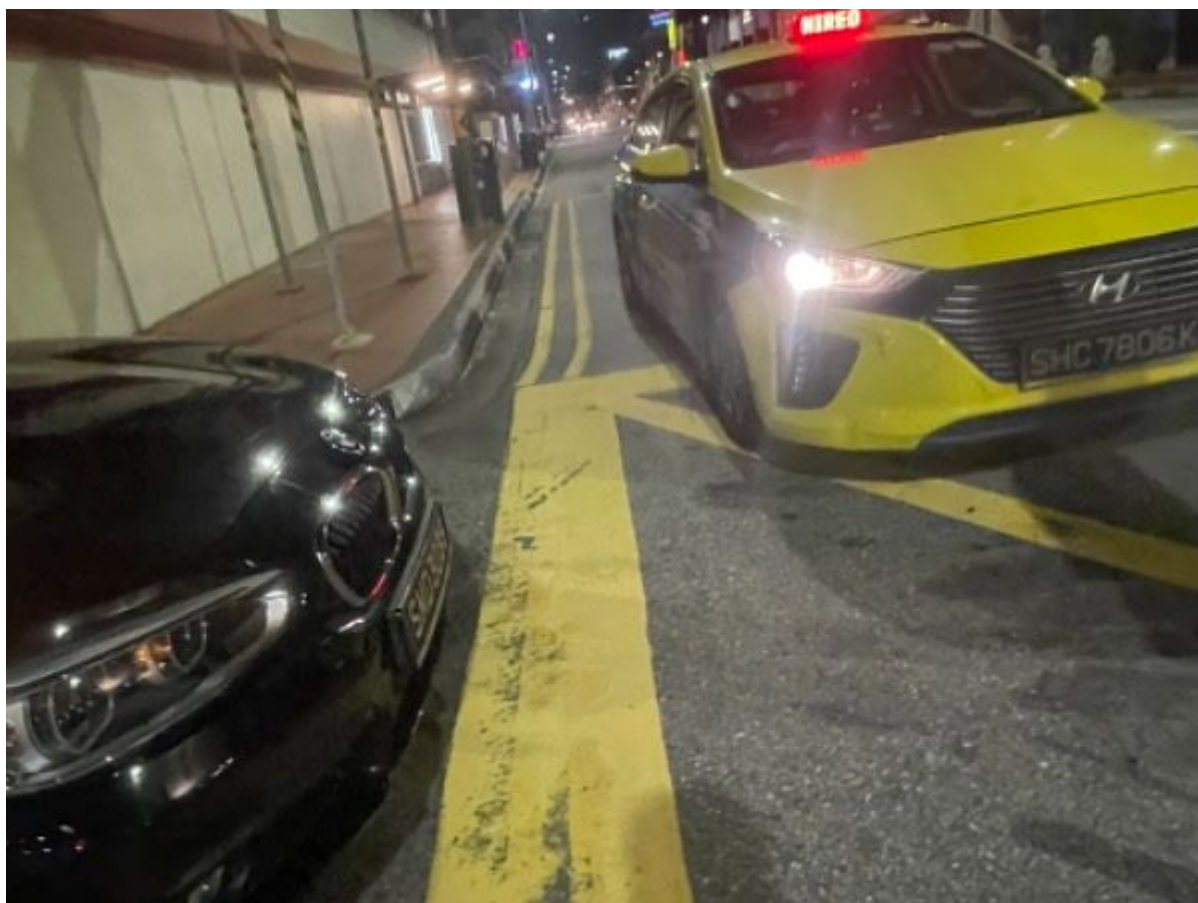
ATTACHMENT(S)

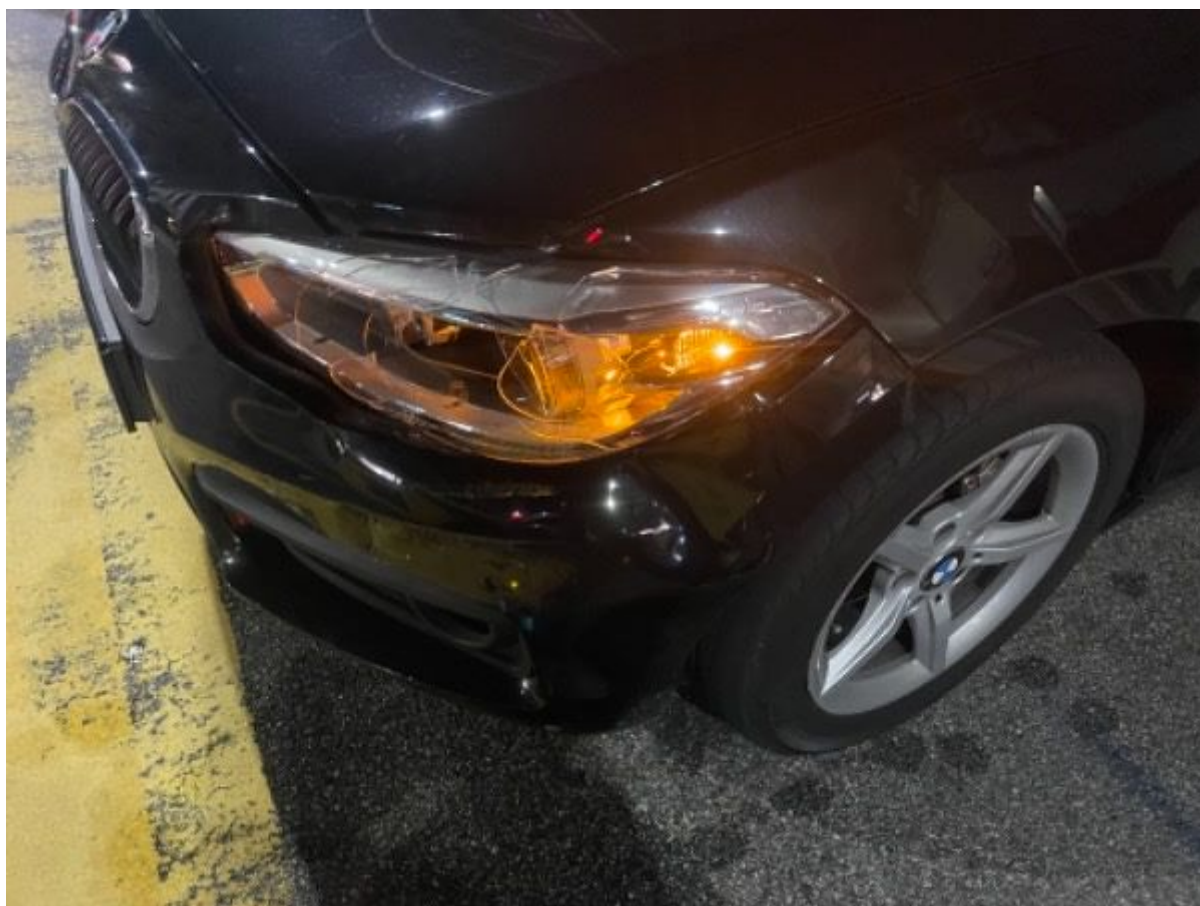
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

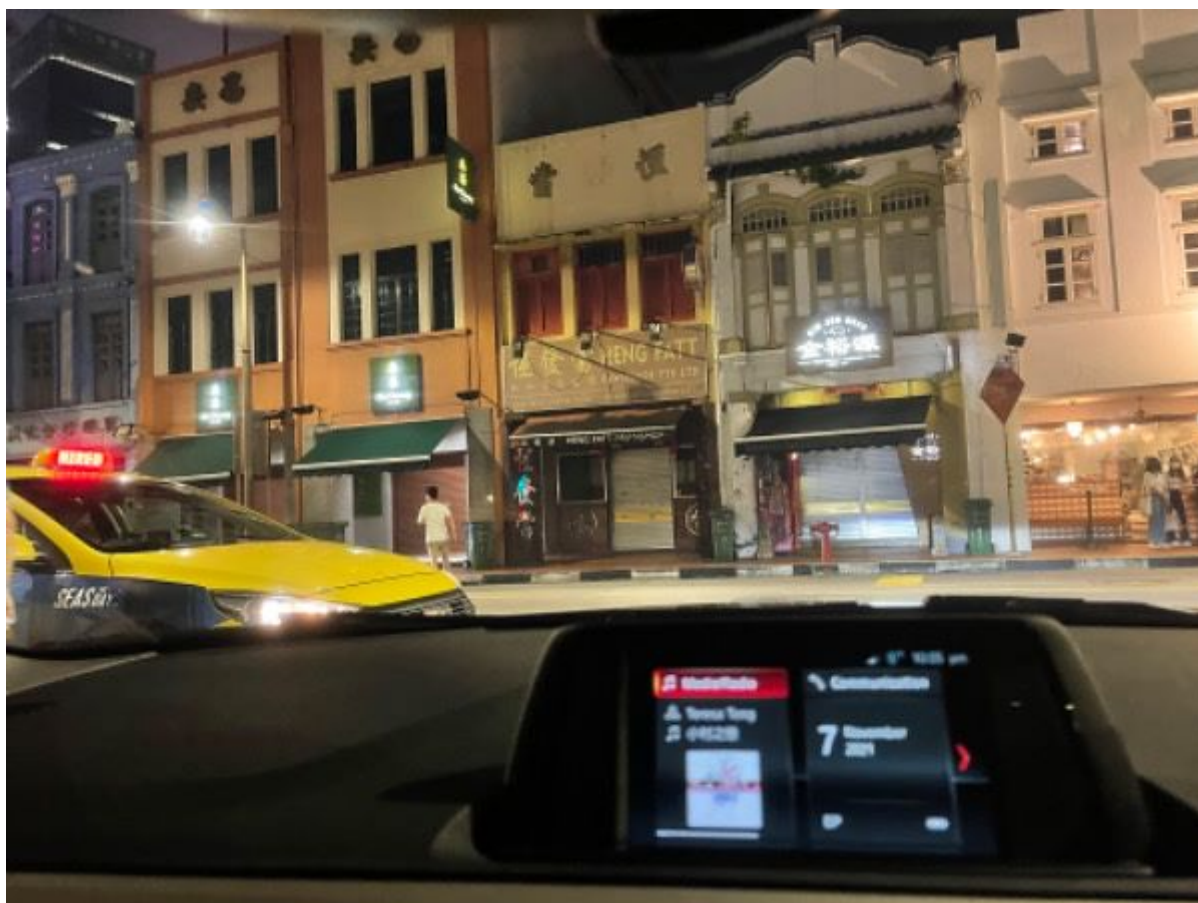
Vehicle Registration Number	SHC7806K
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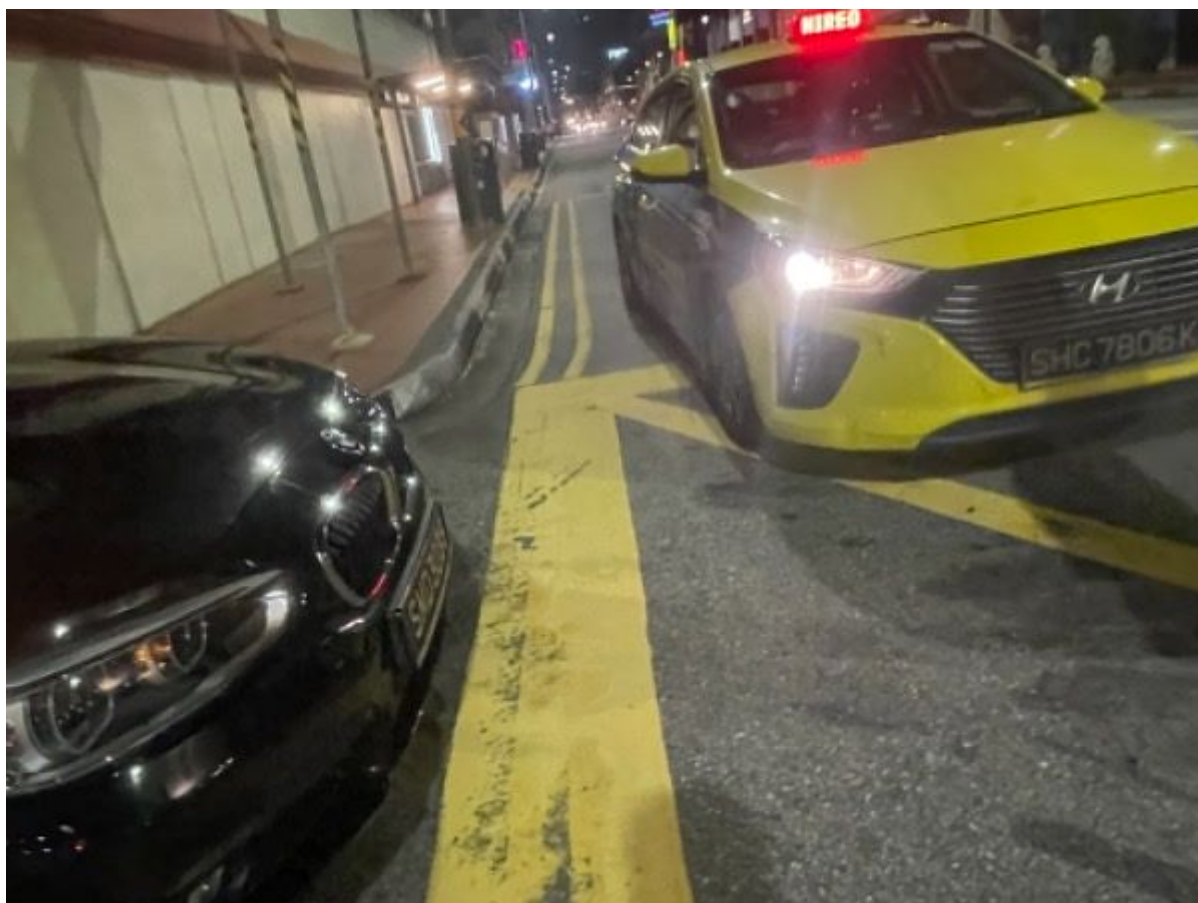
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-81333166
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including 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: S66SS0020G / 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 : 736636072456 Vehicle Registration No: SMD303B
Name (as shown in NRIC) : Koh Boon Pin NRIC/FIN/Passport No : S7629343J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : 8169 8818 Mobile No.: 8169 8818

Email Address : kboonpin@gmail.com

Date of Accident : 7/11/21 Time of Accident : 10 PM

Place of Accident : South Bridge Rd / Temple St

Insurance Company : AI G

(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:

Change to own damage claim

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: