

## 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 09:55 (SGT)  
Date of Accident ..... 06/11/2021 15:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... The merging lane on PIE after upper Serangoon road  
  
Country/State of Loss ..... on the way to CTE/SLE entrance  
Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM4153T

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Lee Chow Lin  
NRIC No ..... S1741568I  
Email Address ..... NOEMAIL@AIG.COM  
Mobile Phone No ..... (Phone) +65-96325709  
Alternative Phone No ..... +65-90032082

#### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 6  
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 ..... 1998

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1900110879-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver .....	LEE QIAN HUI
NRIC No .....	S9824481F
Date Of Birth .....	28/07/1998
Occupation .....	Indoor
Date Of Driving Pass .....	12/04/2018
Driving experience .....	3 YEARS AND 7 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96325709
Alt. Phone Number .....	-
Email Address .....	NOEMAIL@AIG.COM
Address .....	408 FAJAR ROAD
Address complement .....	#08-339
Postcode .....	670408
Is the driver the policyholder? .....	No
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 .....	Side Swipe
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Yeo Kai Jay
Gender .....	Male

#### 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

Traveling onto merging lane

#### 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 .....	GBE7414T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
Name of Driver .....	-
Contact Number .....	(Phone) +65-82024842
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-









