

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 29/11/2021 09:40 (SGT)
Date of Accident 12/11/2021 09:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information cMount Elizabeth Pick Up Point
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL7494T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PARK SUN KYU
Passport No/FIN G6098710L
Email Address psk700@hotmail.com
Mobile Phone No (Phone) +65-98583850
Alternative Phone No +65-98583850

VEHICLE PARTICULARS

Manufacturer Audi
Model A6
Variant A6 C7 2.0 TFSI MU
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 1984

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100407458-06
Cover Note Number -

DRIVER

Name of Driver KIM TAE YEON
NRIC No G6312785Q

Date Of Birth	20/05/1981
Occupation	Indoor
Date Of Driving Pass	24/05/2021
Driving experience	6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98583850
Alt. Phone Number	-
Email Address	noemail@aig.com
Address	11 ARDMORE PARK
Address complement	#18-01 SINGAPORE
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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?	Yes

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

R2000008099 Circumstances Of Accident As SKL4794T or Car A was turning into pick up point of Mt. Elizabeth hospital the driver of Car A did not notice SHB2989D or Car B was parked very close to the entrance and scratched rear bumper of Car B. Car Bs rear bumper already had multiple dents and scratches but the Car B driver claim the scratch in the yellow circle of the uploaded photo was result of the incident with Car B. I have photos and recordings that the driver of Car B admitting the other damage is not caused by this incident.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	video not provided
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB2989D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-92307081
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



