

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 25/11/2021 15:08 (SGT)
Date of Accident 16/11/2021 02:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information 10 Leedon Rd Singapore 267833
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBF1680A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Ho Shuit Hung
NRIC No S2551647H
Email Address asia_antiaging@yahoo.com.sg
Mobile Phone No (Phone) +65-96377728
Alternative Phone No +65-96919808

VEHICLE PARTICULARS

Manufacturer Subaru
Model Wrx
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 2100398511-07
Cover Note Number -

DRIVER

Name of Driver LOW CZE HONG
NRIC No S0273272F

Date Of Birth	29/07/1946
Occupation	Indoor
Date Of Driving Pass	21/02/1972
Driving experience	49 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96377728
Alt. Phone Number	-
Email Address	asia_antiaging@yahoo.com.sg
Address	3 Mount Elizabeth
Address complement	Mount Elizabeth Medical Centre #16-01 SINGAPORE
Postcode	228510
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	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)	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

Sbf1680A reversed into the rear bumper of Audi Q7 SCN5366E faint scratch on bumper of audi

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	SNC5366E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -





