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.

 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 the research of this report will for a fee the made available upon application by interested parties. 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 Date of Accident Exact Location of Accident Additional Location Information	18/11/2021 09:43 (SGT) 17/11/2021 07:00 (SGT) Singapore 95A Hougang Avenue 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Toyota

venicle Registration Number	SJP/31/M	

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG AIK BOON
NRIC No	S7317409J
Email Address	NOEMAIL@AIG.COM
Mobile Phone No	(Phone) +65-98331200
Alternative Phone No	+65-63851723

VEHICLE PARTICULARS

Manufacturer

Wish
-
_
Yes
Private car
Auto
1798

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900249114-02
Cover Note Number	-

DRIVER

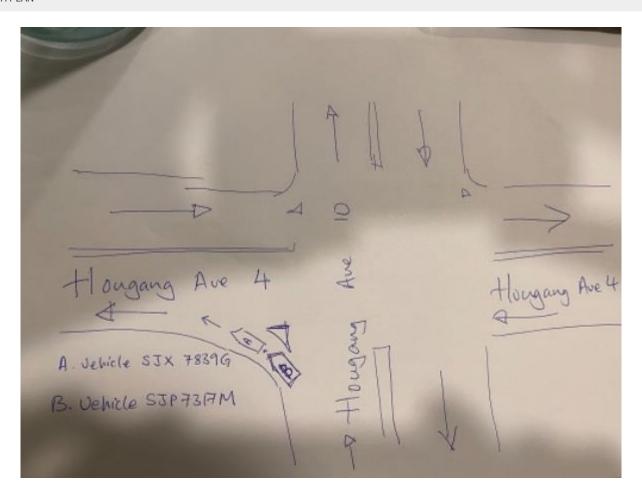
Name of Driver	NG AIK BOON
NRIC No	S7317409J

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	22/05/1973 Indoor 12/03/1994 27 YEARS AND 8 MONTHS Male (Phone) +65-98331200 +65-63851723 NOEMAIL@AIG.COM 237 HOUGANG STREET 21 12-404 SINGAPORE - Yes
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 Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
	oting to turn into Hougang Ave 4 from Hougang Ave 10 at the slip road vehicle waiting for the traffic to clear. I was paying attention to the cleared
I saw Vehicle started moving. So I started to follow behind while w left to check on Vehicle A	ratching for the incoming traffic from my right. When. I turned to my
it was too late as it stopped suddenly. The front of my vehicle hit the block the slip road. We exchanged contact information (owner Mr	ne rear of Vehicle A. We moved the cars slightly forward so as not to Cheow) was also alone like me. No other vehicles were involved.
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes VIDEO NOT PROVIDED No
DETAILS OF OTHER	VEHICLE PROPERTY 1

SJX7839G

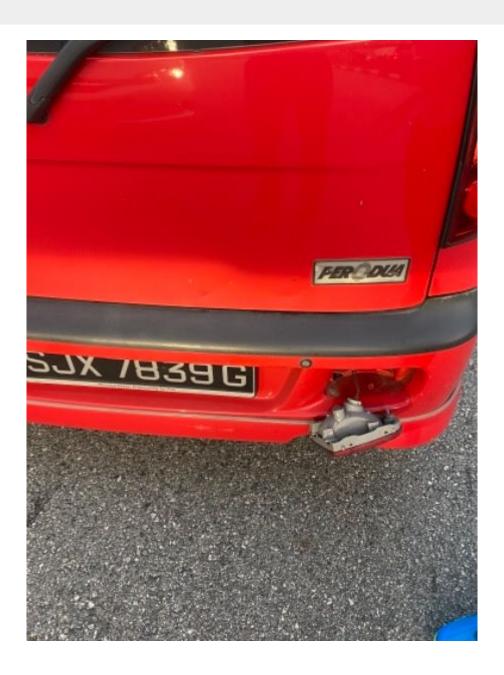
Vehicle Registration Number

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)	-











GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Ottay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 VEN: 566500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARSOFPERSONMAKINGTHEAMENDMENTS: _____Vehicle Registration No: SJP 7317 M Original Report No :__ Name(as shown in NRIC): NG ALK BOOM __NRIC/FIN/PassportNo: 87317409J (*Vahicle Driver / Vehicle Owner) (*) Please delete as appropriate : BIK 237 Hougang St. 21 #12-404 Address Singapore (530237) 62877748 Mobile No.: 98331200 Contact (Tel) aik-boon@me.com Email Address 17/11/2021 ____Time of Accident: 6700+ Date of Accident Hougang Ave 10 and Hougany Ave 4 Junctin betebeen Place of Accident AIG Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: that I am not making any insurance In dicated langues. I would like to amend to indicate that I would be making claime under my Dwn policy

18/11/2021

Reporting Centre Personnel's Signature

Name: