SA01221D0003 / AIG Asia Pacific Insurance Pte. Ltd. ENTRY DATE & TIME: 13/01/2022 10:54 (SGT) SUBMITTED BY: Paramchand, Varsha VERSION: 1 (13/01/2022 10:54 (SGT))

# **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.

- 4. The issue and acceptance of this is form by instrained 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 13/01/2022 10:54 (SGT) Date of Accident 24/12/2021 22:30 (SGT) Exact Location of Accident Singapore Additional Location Information 846 Yishun Ring Road 760846 Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Mitsuhishi

Vehicle Registration Number SMD4612H

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MD FADZIL BIN KASMANI NRIC No. S1738660C Email Address noemail@aig.com Mobile Phone No (Phone) +65-96377606 Alternative Phone No +65-85227968

## VEHICLE PARTICULARS

Manufacturer

Model Outlander Variant Outlander 2.0 Elegance/Sports 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 Policy Number 1800098355-02 Cover Note Number

## DRIVER

Name of Driver ADI FARHAN BIN MD FADZIL' NRIC No. S9721613D

Date Of Birth 04/07/1997 Occupation Indoor Date Of Driving Pass 02/01/2016 Driving experience 5 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-96377606 Alt. Phone Number Email Address NOEMAIL@AIG.COM Address 166 YISHUN RING ROAD Address complement #02-735 SINGAPORE Postcode Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT R2000008257 Circumstances Of Accident I (Car B SMD4612H) was reversing into the lot but did not gauge properly hence knocking slightly into the parked car ( Car A SDQ1868U) ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SDQ1868U

Private car

## CACcident report SA01221D0003

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

Contact Number	(Phone) +65-96169429
Address	<del>-</del>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_





