

#### 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 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 07/02/2022 10:34 (SGT) Date of Accident 05/02/2022 15:45 (SGT) Exact Location of Accident Singapore Additional Location Information Upper Paya Lebar Rd towards Upper Serangoon Rd Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Audi

Vehicle Registration Number SDQ767J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner STEPHEN LEUNG KIN WAH NRIC No S2222827G Email Address stephenkwleung@hotmail.com Mobile Phone No (Phone) +65-81680022 Alternative Phone No +65-81680022

# VEHICLE PARTICULARS

Model A3 Variant A3 Sedan 1.0 TFSI S tronic 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? Yes Vehicle Category Private car Transmission Auto 999

Manufacturer

# INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900251744-01 Cover Note Number

DRIVER

Name of Driver STEPHEN LEUNG KIN WAH NRIC No. S2222827G

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	06/01/1960 Indoor 20/03/2004 17 YEARS AND 11 MONTHS Male (Phone) +65-81680022 +65-81680022 stephenkwleung@hotmail.com 6 HOLLAND CLOSE 15-22 SINGAPORE - Yes - No	
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 Yes Yes Yes 2 No	
PASSENGER 1		
Name Gender	Oleander Ang Female	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No	
CIRCUMSTANCES OF ACCIDENT		
R2000008366 Circumstances Of Accident See enclose	ed police report	
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No	
DETAILS OF OTHER VEHICLE PROPERTY 1		

FBN3931X

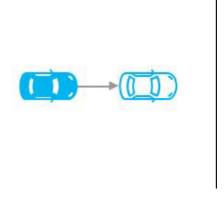
Vehicle Registration Number
Vehicle Manufacturer

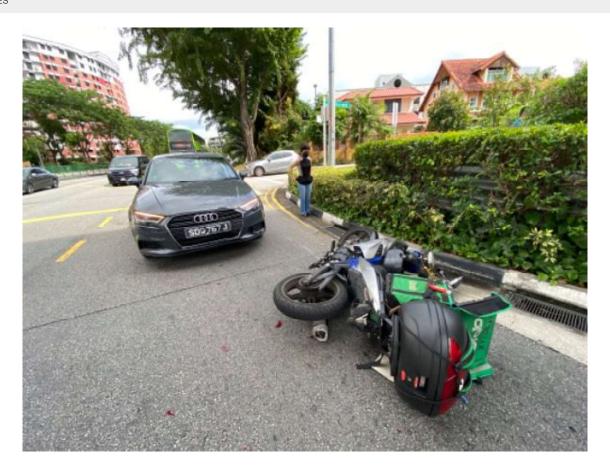
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	_
Address	_
Address complement	_
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

# **INJURED PERSONS DETAILS**

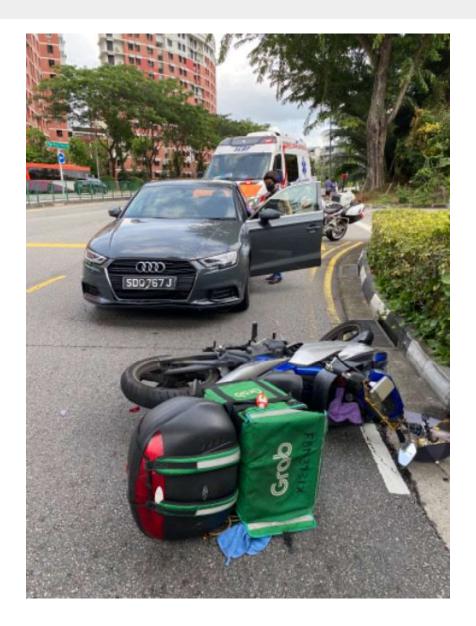
# INJURED 1

Name of injured person	
Gender	<del>-</del>
Phone No	
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hos	











#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566500206 / 651 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) PARTICULARS OF PERSON MAKING THE AMENDMENTS: \_Vehicle Registration No: \_\_SDQ767J SA0122270007 Original Report No: Stephen Leung Kin Wah NRIC/FIN/Passport No: Name(as shown in NRIC): (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Block 6, Holland Close, #15-22 Address Singapore (271006) Mobile No.: 81680022 Contact (Tel) stephenkwleung@hotmail.com Email Address \_Time of Accident : \_ 3.45 pm 5 Feb 2022 Date of Accident Upper Paya Lebar Road (just after Jln Chermat junction) 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: I am claiming under my own insurance policy with AIG for the repair to my vehicle

8 Feb 2022

Policyholder / Driver's Signature

Reporting Centre Personnel's Signature Name: NRIC/FINNo.:

Date:

GIARMC addendumform\_V.







