# **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.

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   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 02/03/2022 11:42 (SGT) Date of Accident 01/03/2022 13:30 (SGT) Exact Location of Accident Singapore Additional Location Information **Bukit Timah road** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMN8261H

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ASAL Leasing Pte Ltd Company Reg No 53402148D Email Address NOEMAIL@AIG.COM Mobile Phone No (Phone) +65-99999999 Alternative Phone No +65-96176674

### VEHICLE PARTICULARS

Manufacturer Mercedes Model C250 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 1991

# **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2070159670-01 Cover Note Number

## DRIVER

Name of Driver LIM WEI LING, AS793DELINE NRIC No. S7933834F



Date Of Birth Occupation	22/10/1979 Indoor	
Date Of Driving Pass	09/03/2001	
Driving experience	21 YEARS	
Gender	Female	
Mobile Number	(Phone) +65-96176674	
Alt. Phone Number	(Filolie) +05-30170074	
Email Address	- NOEMAIL @AIC COM	
Address	NOEMAIL@AIG.COM 9 DUNEARN CLOSE	
Address complement	9 DUNEARN CLOSE	
Postcode	-	
Is the driver the policyholder?	- A1-	
If No, Relationship of the Driver with the Insured	No OWNED	
Does Driver Own Other Vehicles?	OWNER	
Vehicle Registration Number of Other Vehicle Owned by Driver	No	
vehicle Registration Number of Other Vehicle Owned by Driver		
Insurance Company of Other Vehicle Owned by Driver		
inducation company of outer vollidio owned by Briver	•	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Sida Surina	
Type of Accident Weather Conditions	Side Swipe	
Road Surface	Clear	
Road Sulface	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		
R2000008472 Circumstances Of Accident I was driving join next artery road on Bukit Timah. As I turned out	g SMN8261H and turning out from old Holland road and wanting to	
I side swiped SDF707R on my right corner		
causing scratches on my right bumper and scratches on SDD707F	R left bumper area.	
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	res No	
Was there any audio recorded?		
was alore any addio recorded:	No	
DETAILS OF OTHER VEHICLE PROPERTY 1		
Vehicle Registration Number	SDF707R	
Vehicle Manufacturer	· · · · · · · · · · · · · · · · · · ·	
Vehicle Model		

Private car

# Accident report SA0122320003

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	-
Contact Number	(Phone) +65-98219789
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_









