

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 14/03/2022 10:23 (SGT)
Date of Accident 12/03/2022 16:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information Thomson/Novena Traffic Junction
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW818T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Sim Sock Ping (Shen Shupin)
NRIC No S7141893F
Email Address agnesssp@gmail.com
Mobile Phone No (Phone) +65-97509704
Alternative Phone No +65-97509704

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1595

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100416520-06
Cover Note Number -

DRIVER

Name of Driver Sim Sock Ping (Shen Shupin)
NRIC No S7141893F

| | |
|--|------------------------------|
| Date Of Birth | 18/11/1971 |
| Occupation | Indoor |
| Date Of Driving Pass | 11/03/1996 |
| Driving experience | 26 YEARS |
| Gender | Female |
| Mobile Number | (Phone) +65-97509704 |
| Alt. Phone Number | +65-97509704 |
| Email Address | agnesssp@gmail.com |
| Address | 17 JALAN RAJAH |
| Address complement | SKYSUITES17 #20-03 SINGAPORE |
| Postcode | 329137 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 | Collision - Head to Rear |
| Weather Conditions | Raining |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|---------------|
| Name | Adrianna Tang |
| Gender | Female |

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

After turning right from the Thomson/Novena traffic junction

vehicle SMT9094A filtered to the left lane too soon without noticing my car SJW818T. As a result it collided on my right rear passenger door rear mud guard leaving blue paint marks & scratches.

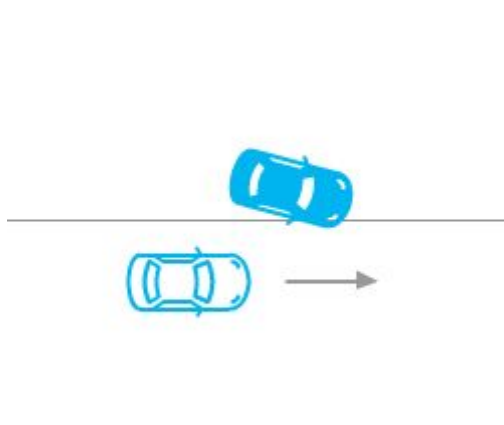
ATTACHMENT(S)

| | |
|---|-----|
| 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 | SMT9490A |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|----------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-93849351 |
| 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 Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA01223E0005 Vehicle Registration No: SJW818T
Name (as shown in NRIC) : Sim Sock Ping NRIC/FIN/Passport No : S7141893F
(*~~Vehicle~~ Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 17 Jalan Rajah, #20-03, Skysuites17 Singapore(329137)
Contact (Tel) : _____ Mobile No. : 97509704
Email Address : agnesssp@gmail.com
Date of Accident : 12 March 2022 Time of Accident : est 430PM
Place of Accident : near Thomson/Novena traffic junction
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to change from "No claims - reporting only" to "Reporting & claims" because I am filing 3rd party claim against the other vehicle insurance company. I have submitted the accident report via AIG online reporting. Please send me the amended accident report statement ASAP.

Thank you.

Policyholder / Driver's Signature
Date: 14 March 2022



Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____