# **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

- 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 04/05/2022 12:45 (SGT) Date of Accident 02/05/2022 03:20 (SGT) Exact Location of Accident Singapore Additional Location Information **PUNGGOL FIELD** Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

No - Reporting only

Private car

Vehicle Registration Number SMW5422H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHEN CAIHONG** NRIC No S7374892E Email Address NOEMAIL@AIG.COM Mobile Phone No (Phone) +65-91605350 Alternative Phone No +65-91605350

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla Variant **COROLLA ALTIS 1.6** 

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?

Vehicle Category

Transmission Auto CC 1598

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy

Policy Number 2070165846-01

Cover Note Number

DRIVER

Name of Driver Huang weibin NRIC No S9734952E

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode	10/10/1997 Indoor 18/01/2022 4 MONTHS Male (Phone) +65-88667963 noemail@aig.com 258A PUNGGOL FIELD PUNGGOL TOPAZ
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	No Child No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - U-Turn Raining Wet
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 No
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	
R2000008710 Circumstances Of Accident I am and the for uturn and turning slowly and a car came into the inner lane whe collison happen the other vehicle decided to move from the accide hence i do not have a picture of the actual scene but there is incan vehicle have been moved.	nt position before i can come down to take a picture of the scene
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 Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1

## SNA1646J

Vehicle Registration Number
Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category Private car

Name of Driver	-
Contact Number	(Phone) +65-93366424
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_













