

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	06/06/2022 08:35 (SGT)
Date of Accident	03/06/2022 19:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND2274B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM RUI DUAN IVAN (LIN RUIDUAN IVAN)
NRIC No	S8312918B
Email Address	NOEMAIL@AIG.COM
Mobile Phone No	(Phone) +65-96403208
Alternative Phone No	+65-93291011

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
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	1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210150876
Cover Note Number	-

DRIVER

Name of Driver	LIM RUI DUAN IVAN (LIN RUIDUAN IVAN)
NRIC No	S8312918B

Date Of Birth	30/04/1983
Occupation	Indoor
Date Of Driving Pass	13/12/2003
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96403208
Alt. Phone Number	+65-93291011
Email Address	NOEMAIL@AIG.COM
Address	13 FERNVALE LANE
Address complement	THE TOPIARY 02-08
Postcode	797496
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	Clear
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Lee shu min
Gender	Female

PASSENGER 2

Name	Cayden lim
Gender	Male

PASSENGER 3

Name	Charlene lim
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

Slow traffic as jam and the car behind hit onto my car

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	INSD DID NOT PROVIDE VIDEO FOOTAGE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMZ4640K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90125337
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
LUN: S66500200 / GST Reg. No.: M400017735

ADDENDUM

Original Report No : SA0122660002 Vehicle Registration No: SND 2274 B

Name (as shown in NRIC) : LIM RUI DUAN IVAN NRIC/FIN/Passport No : SXXXX918B

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 13 FERNVALE LANE THE TOPIARY 02-08 Singapore(797496)

Contact (Tel) : 96403208 Mobile No. :

Email Address : ivan.lim.info@gmail.com

Date of Accident : 03/06/2022 Time of Accident : 19.20 HOURS

Place of Accident : ALONG CTE

Insurance Company: AIG ASIA PACIFIC INSURANCE PTE LTD

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

TO CONVERT TO THIRD PARTY CLAIMS

Policyholder / Driver's Signature
Date:

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

