

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 Actual 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	29/08/2022 12:06 (SGT)
Reported by	Owner
Date of Accident	26/08/2022 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Upper Thomson Road towards MacRitchie Viaduct near junction with Sing Ming Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG9866G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN KUO-AN
NRIC No	S2682152E
Email Address	NOEMAIL@AIG.COM
Mobile Phone No	(Phone) +65-97237657
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	3 1.5 SKYACTIV
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
CC	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220075134

DRIVER

Name of Driver	Chen Min Hsuan
NRIC No	S9571425J
Date Of Birth	03/05/1995

Occupation	Indoor
Date Of Driving Pass	11/02/2015
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82003096
Alt. Phone Number	-
Email Address	NOEMAIL@AIG.COM
Address	39 AMBER ROAD
Address complement	THE SEA VIEW #22-24
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Change/cross lane
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

R2000009129 Circumstances Of Accident SNG9866G was stationary inside the junction yellow box and while attempted to change to the right lane to get out

the front-right of the car collided with the moving SKT200D on the left side.

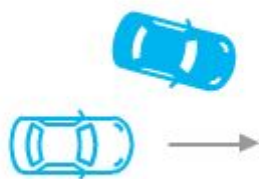
ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT200D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97913091
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



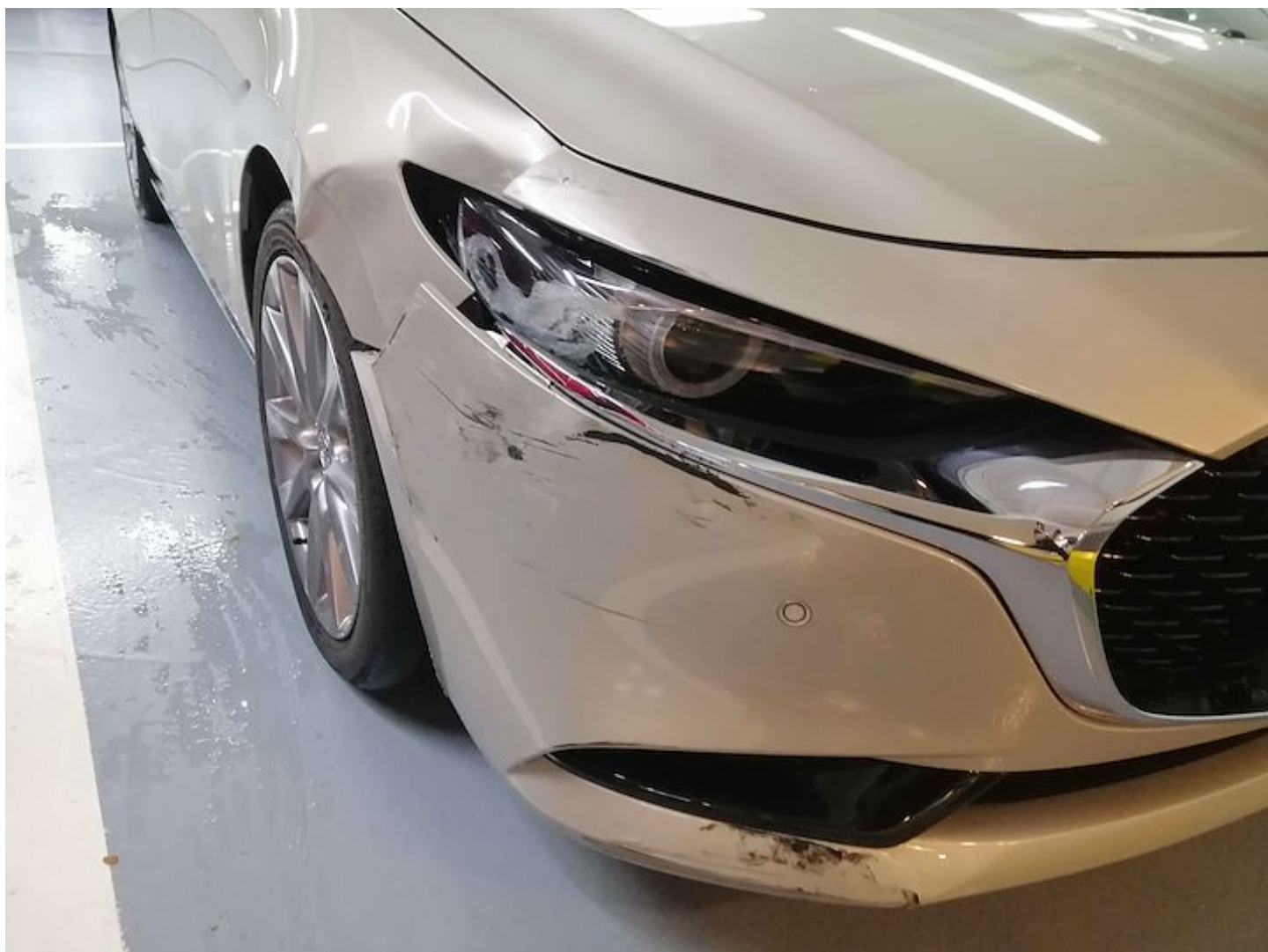
































IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA01228T0005 Vehicle Registration No: 2N69866G
 Name (as shown in NRIC): CHEN KWO-AN NRIC/FIN/Passport No: S2687157E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 81 Amber Road Singapore (439947)
 Contact (Tel): _____ Mobile No.: 97237657
 Email Address: _____
 Date of Accident: 21-8-2002 Time of Accident: 18:20
 Place of Accident: Upper Thomson Road towards MacRitchie Viaduct
Near junction with Sin Ming Road
 Insurance Company: ATA ASIA PACIFIC

(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:

WE WOULD LIKE TO AMEND THE REPORT TO CLAIM TO
OWN INSURANCE (OD CLAIM). ALSO, TO UPLOAD THE VIDEO AND
PHOTOS.

[Signature]
 Policyholder / Driver's Signature
 Date: _____

[Signature] 29/8/2002
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____

GIARMC Addendum Form