

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	20/10/2022 10:05 (SGT)
Reported by	Driver
Date of Accident	19/10/2022 14:30 (SGT)
Exact Location of Accident	8 Kaki Bukit Ave 4, Singapore 415875
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE369U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM GUAT CHOON
NRIC No	SXXXX567H
Email Address	WEIJIELIM96@OUTLOOK.COM
Mobile Phone No	(Phone) +65-96838464
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lamborghini
Model	Gallardo
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	5204

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220086036

DRIVER

Name of Driver	LIM WEI JIE
NRIC No	SXXXX677E
Date Of Birth	13/08/1996
Occupation	Indoor

Date Of Driving Pass	14/10/2015
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-81219736
Alt. Phone Number	-
Email Address	WEIJIELIM96@OUTLOOK.COM
Address	BLK 940 JURONG WEST STREET 91 #09-433
Address complement	-
Postcode	640940
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	Collided into Parked Vehicle
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)	0
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

REFER TO REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7907C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

Describe Circumstances of the Accident

On the stated date and time, I parked my vehicle ~~SN1369KA~~
(A847907C)
at the stated place. The car on my left misjudged and
turn his car too early and hit the front portion of my
vehicle. The impact was so huge the caused my car to propel my
car backwards and hit the wall behind me.

Declaration

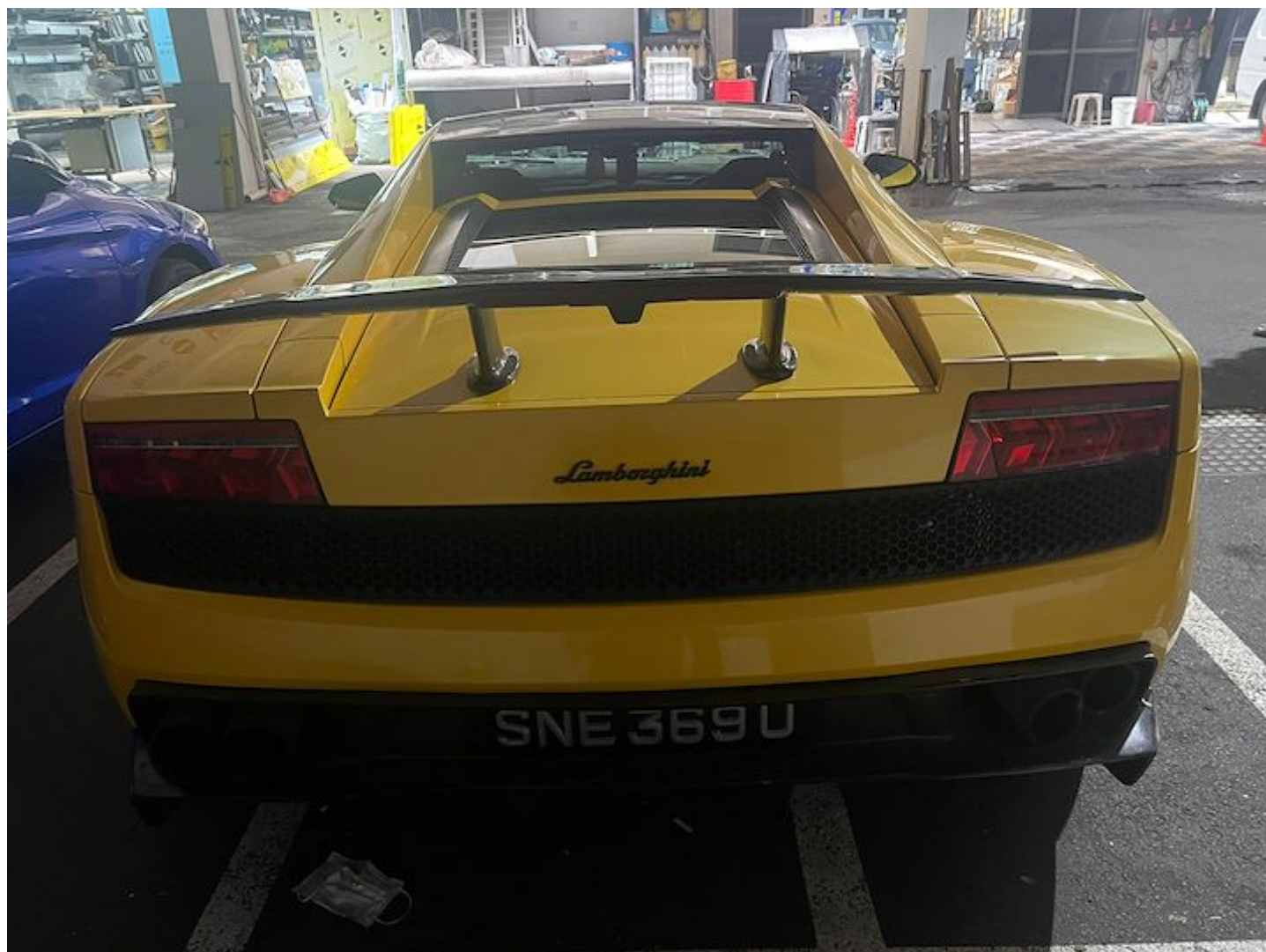
We declare the foregoing particulars are true in every respect.

**

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

20/10
Witnessed by Reporting Centre Personnel



























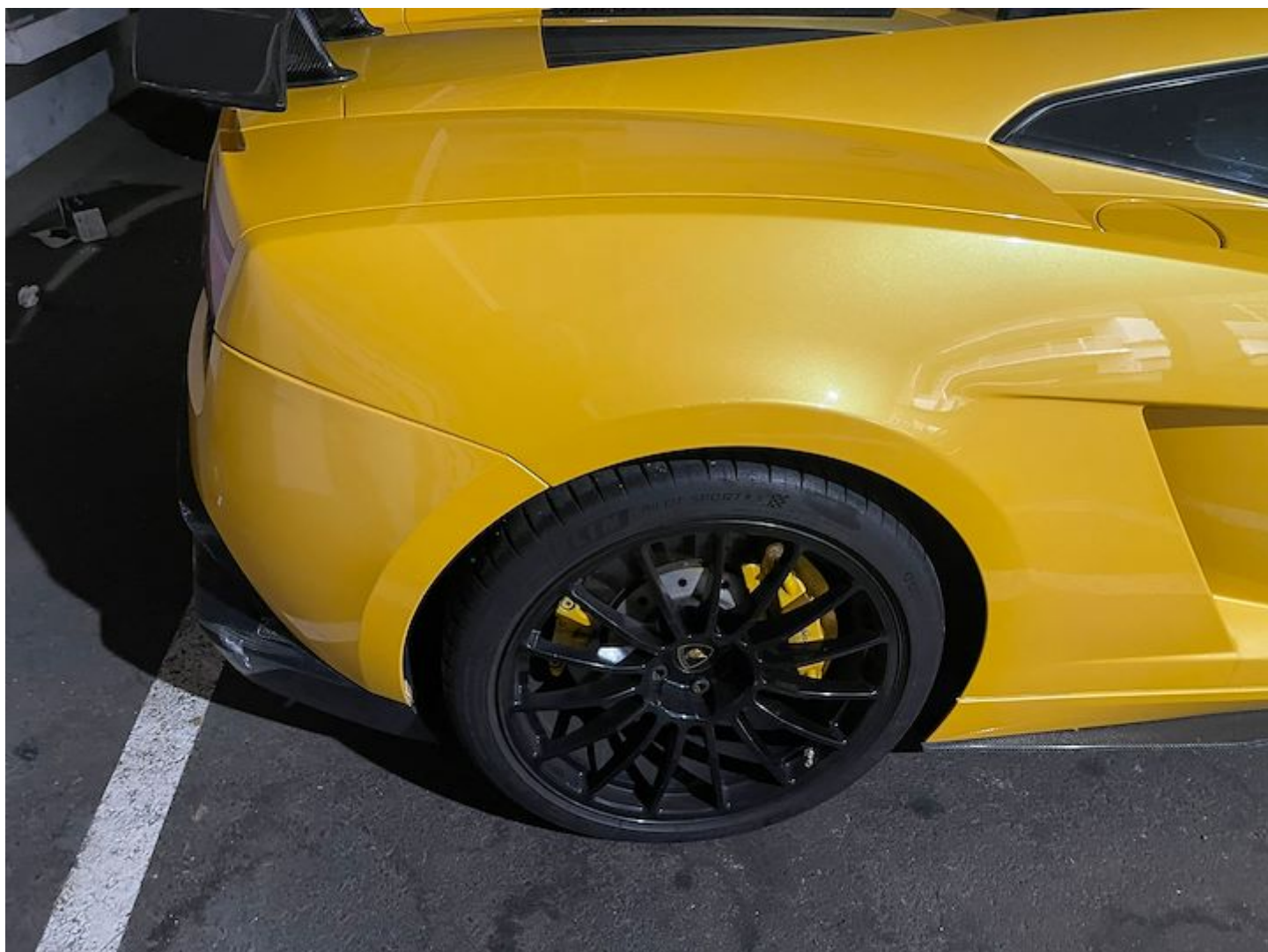
























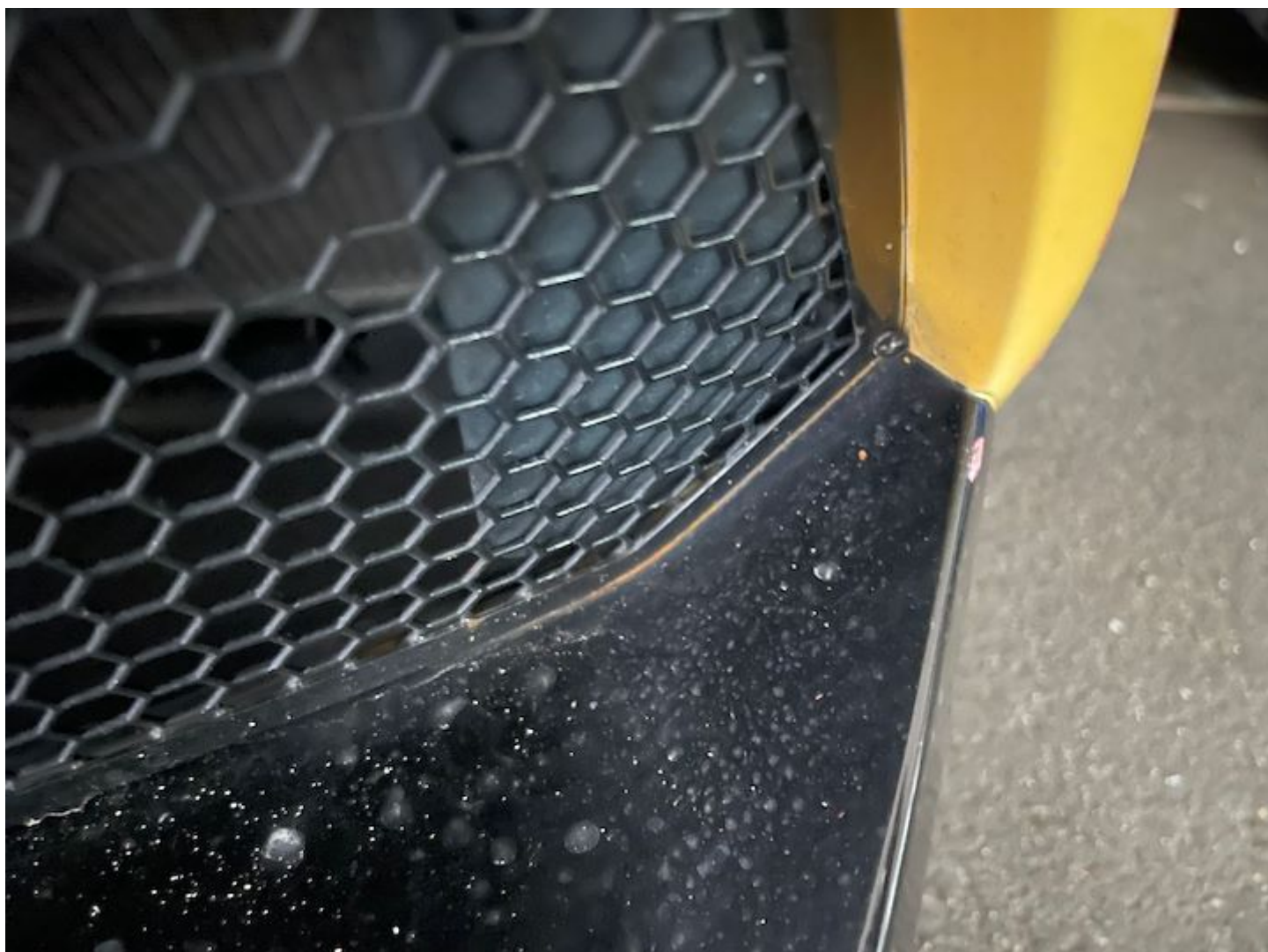










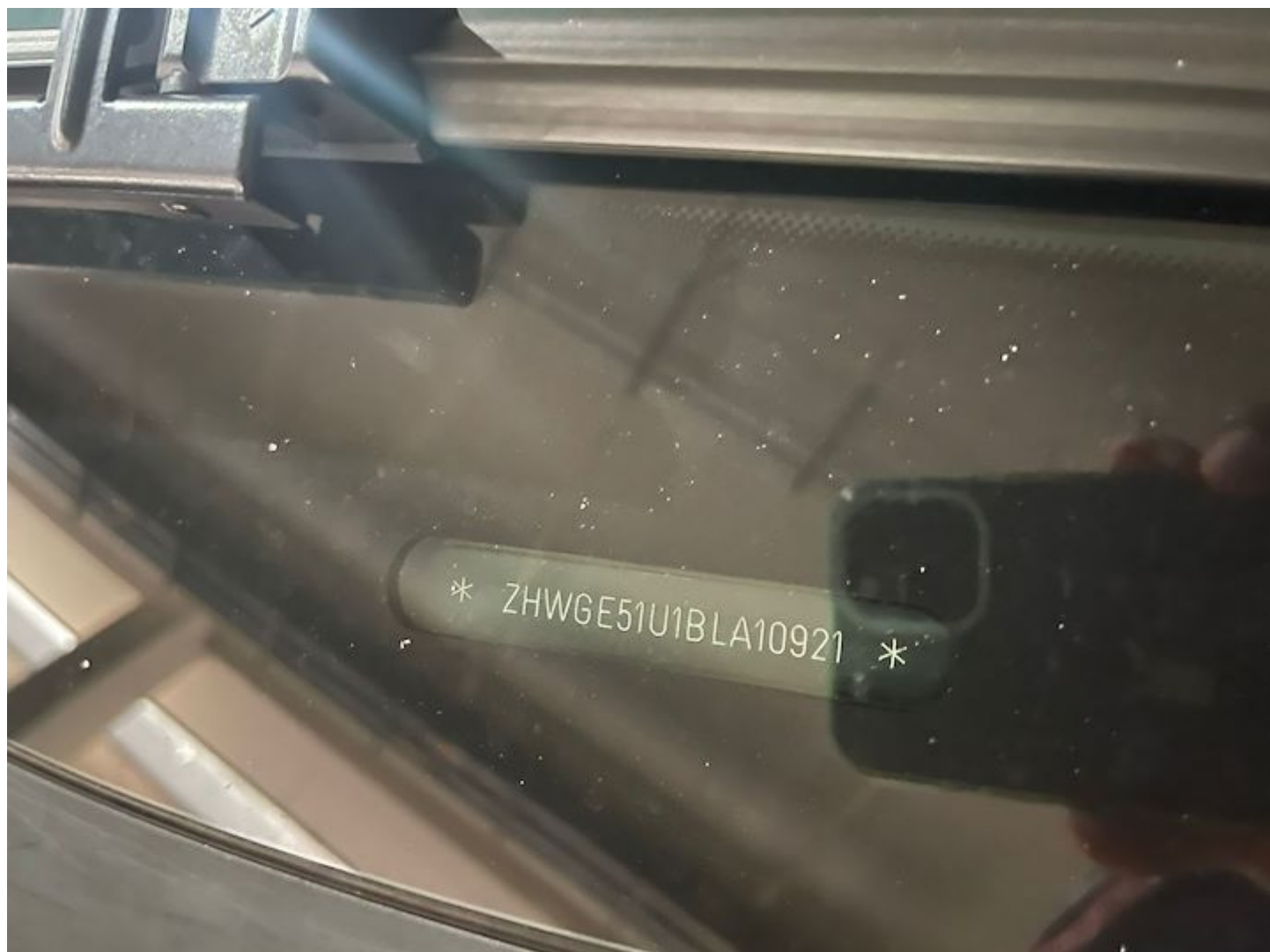
















IMPORTANT NOTE : Please Submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922AK0002 Vehicle Registration No: SNE369U
 Name (as shown in NRIC): Lim Wei Jie NRIC/FIN/Passport No: S9628677E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Block 940 Jurong West A/let 91 #09-433 Singapore (640946)
 Contact (Tel): _____ Mobile No: 81219736
 Email Address: WEIJIELIM96@OUTLOOK.COM
 Date of Accident: 19/10/2022 Time of Accident: 14:30 (SGT)
 Place of Accident: Premier @ kak: bukit
 Insurance Company: AI G

(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:

The correct carplate is SNE369U

林
 Policyholder / Driver's Signature
 Date: 20/10/2022

20/10/22
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No:
 Date: