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 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	14/12/2022 15:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/12/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	449 Yio Chu Kang outside Sunrise Gardens
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE1148J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG ZHUO TING
NRIC No	S9722009C
Email Address	NOEMAIL@AIG.COM
Mobile Phone No	(Phone) +65-97279213
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Yaris
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1490

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220005976

DRIVER

Name of Driver	WONG ZHUO TING
NRIC No	S9722009C

Date Of Birth	07/07/1997
Occupation	Indoor
Date Of Driving Pass	13/10/2016
Driving experience	6 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97279213
Alt. Phone Number	-
Email Address	NOEMAIL@AIG.COM
Address	53 SUNRISE AVENUE
Address complement	SUNRISE GARDENS #03-17 SINGAPORE
Postcode	806746
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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

My car was turning left into the main road and scratched the back of the oncoming car going straight as the other car sped up

ATTACHMENT(S)

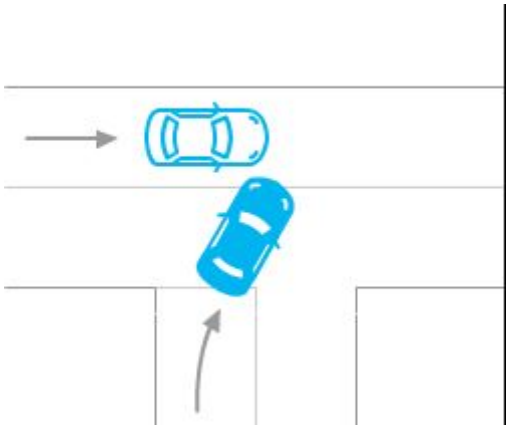
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	INSD DID NOT PROVIDE VIDEO FOOTAGE

DETAILS OF OTHER VEHICLE PROPERTY 1

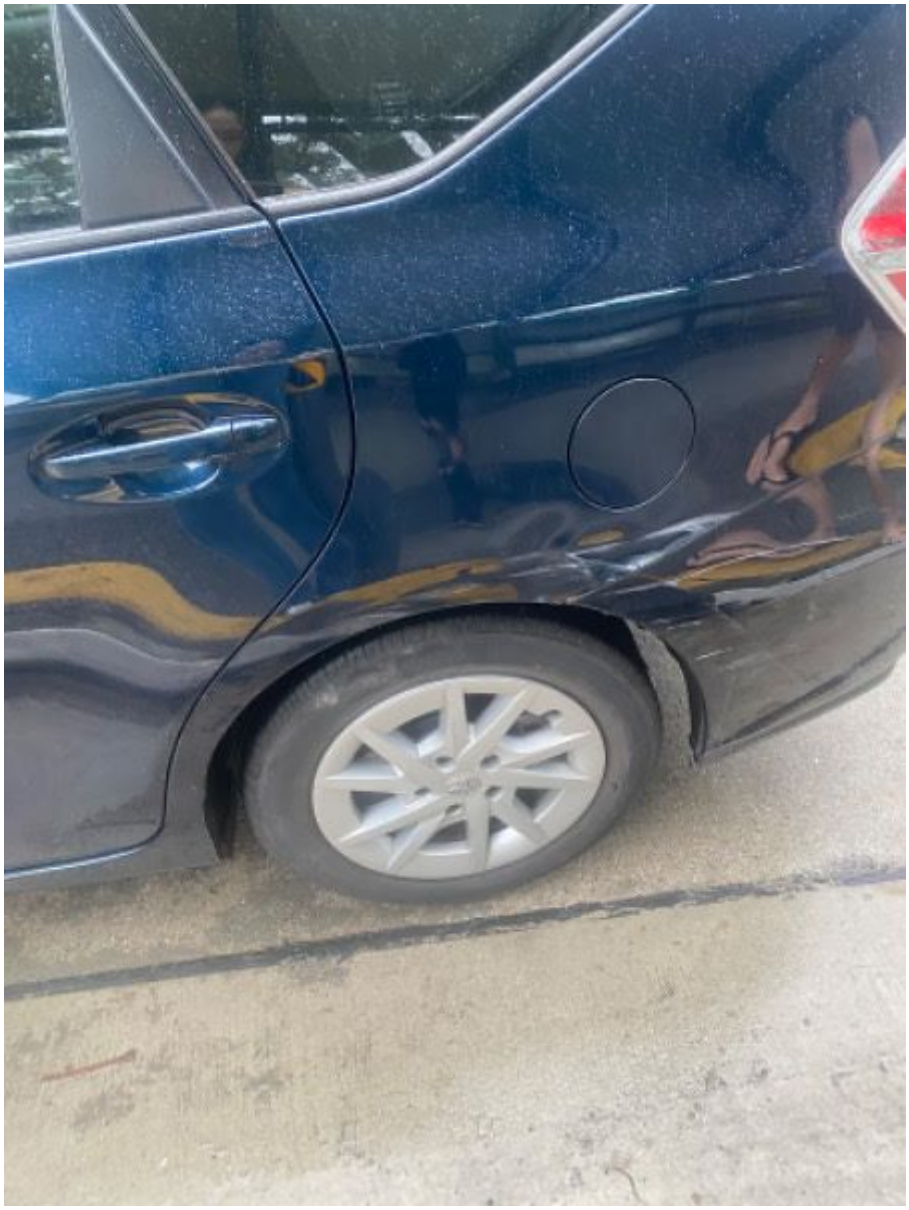
Vehicle Registration Number	SMP8772P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-92952133
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN



IMAGES



IMAGES #2

IMAGES #3

IMAGES #4

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: SA0122CE0003 Vehicle Registration No: SNE1148J

Name (as shown in NRIC): WONG ZHUO TING NRIC/FIN/Passport No: S9722009C

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

Address: 53 SUNRISE AVENUE, SUNRISE GARDENS #03-17 Singapore (806746)

Contact (Tel): - Mobile No.: 97279213

Email Address: NOEMAIL@AIG.COM

Date of Accident: 14/12/2022 Time of Accident: 0830HRS

Place of Accident: 449 YIO CHU KANG

Insurance Company: AIG ASIA PACIFIC INSURANCE PTE LTD

(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:

DATE OF BIRTH SHOULD BE 07/07/1997.

Policyholder / Driver's Signature
Date: 24 Mar 2023

AIG Claims Dept Singapore

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 27/3/23

GIARMC Addendum Form