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	21/02/2023 09:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/02/2023 08:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Eunos Link before exit to PIE Changi Airport
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ2344C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Chia Lam San John
NRIC No	S0324949B
Email Address	jlschia@yahoo.com
Mobile Phone No	(Phone) +65-98217329
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	NEW CAMRY 2.0
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	1998

INSURANCE COMPANY

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

DRIVER

Name of Driver	Chia Lam San John
NRIC No	S0324949B
Date Of Birth	23/10/1943
Occupation	Indoor

Date Of Driving Pass	24/11/1967
Driving experience	55 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98217329
Alt. Phone Number	-
Email Address	jlschia@yahoo.com
Address	65 CARISBROOKE GROVE
Address complement	SERANGOON GARDEN ESTATE SINGAPORE
Postcode	558841
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	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)	3
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	-

PASSENGER 1

Name	Ruth Abisheganaden
Gender	Female

PASSENGER 2

Name	Joel Saw
Gender	Male

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

I had just changed lanes from left to the right lane next to me when the vehicle behind me tried to overtake but came too close hitting my vehicle with the left front portion of his van causing extensive scratch marks along the right side. There was very minimal damage to the other vehicle

as seen in the photos.

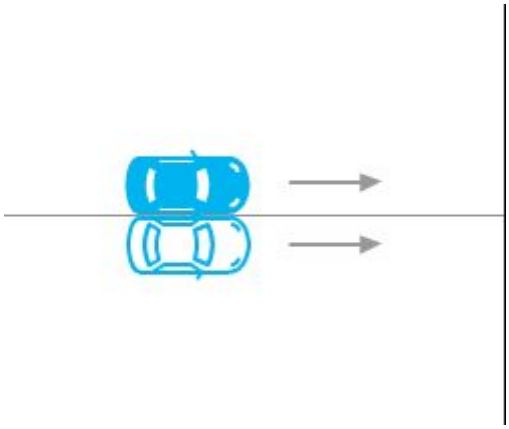
ATTACHMENT(S)

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	GBF3538R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	(Phone) +65-91838470
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


AARDWOLF PESTKARE (SINGAPORE) PTE LTD
25 THIRD LOK YANG ROAD
(S) 628015
COMPANY NO : 199700791R
PAX : 2

IMAGES #4