

## 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 .....	27/02/2023 10:10 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	24/02/2023 17:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ECP towards AYE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLX8707Z
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	BAY QIN SHENG RODNEY (MAI QINSHENG)
NRIC No .....	S8517298J
Email Address .....	NOEMAIL@AIG.COM
Mobile Phone No .....	(Phone) +65-97765397
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Citroen
Model .....	C4
Variant .....	Grand C4 SpaceTourer
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 .....	1199

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7220029200

#### DRIVER

Name of Driver .....	BAY QIN SHENG RODNEY (MAI QINSHENG)
NRIC No .....	S8517298J
Date Of Birth .....	23/06/1985
Occupation .....	Indoor

Date Of Driving Pass .....	11/07/2005
Driving experience .....	17 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97765397
Alt. Phone Number .....	-
Email Address .....	NOEMAIL@AIG.COM
Address .....	7 BASSEIN ROAD
Address complement .....	PASTORAL VIEW #06-03 SINGAPORE
Postcode .....	-
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) .....	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

R2000009832      Circumstances Of Accident      I was following behind the taxi SJD 9612J at a decent distance of 2 car length about 60kmh on a road of speed limit 90kmh. The taxi in front of me suddenly applied emergency brake when the car in front of him slowed down. I jam down my brakes as fast as I can and slowed down as much speed as I can. As the car still bumped into the taxi but the impact was very mild. Taxi driver came out to take my details. I tested my bonnet can open as normal only slight dent in my front bumper. His rear bumper was not deformed only a small reverse sensor popped out with the wire attached. No dent

No bumper clips loose on his car. His Boot was able to open and close as I tested with no resistance. There was No rear boot panel or quarter panel damage on his 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 .....	VIDEO NOT PROVIDED

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD9612J
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	(Phone) +65-93677758
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: \_\_\_\_\_ Vehicle Registration No: SLX 8707Z  
 Name (as shown in NRIC): Bay Qin Sheng Rodney NRIC/FIN/Passport No: 5851729RT  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): 97765397 Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 24.02.2023 Time of Accident: 5:03pm  
 Place of Accident: BCP to AYE just before exit 78  
 Insurance Company: AIG

**(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:

Amend From 'Reporting Only' → 'Own Damage' claim

Policyholder / Driver's Signature  
Date:

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