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.

- 4. The issue and acceptance 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

Citroen

Vehicle Registration Number SLX8707Z

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

Model 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 Yes your vehicle?

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

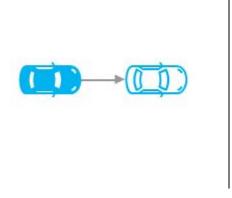
DETAILS OF OTHER	VEHICLE PROPERTY 1
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes VIDEO NOT PROVIDED
ATTACHMENT(S)	
the impact was very mild. Taxi driver came out to take my details. I bumper. His rear bumper was not deformed only a small reverse so	tested my bonnet can open as normal only slight dent in my front
about 60kmh on a road of speed limit 90kmh. The taxi in front of m slowed down. I jam down my brakes as fast as I can and slowed do	own as much speed as I can. As the car still bumped into the taxi but
CIRCUMSTANCES OF ACCIDENT	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
DETAILS OF POLICE ACTION	
Translator's phone number Translator's email Original language used in the statement	- - -
Translator's name Translator's ID	- -
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	1 No
Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)	Yes
Number of vehicles involved in the accident Was anybody injured in the Accident?	2 No
OTHER INFORMATION Was any foreign vehicle involved in the accident?	No
	D1 y
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
GENERAL INFORMATION OF THE ACCIDENT	
Insurance Company of Other Vehicle Owned by Driver	- -
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	- No
Is the driver the policyholder? If No, Relationship of the Driver with the Insured	Yes
Address complement Postcode	PASTORAL VIEW #06-03 SINGAPORE
Email Address Address	NOEMAIL@AIG.COM 7 BASSEIN ROAD
Alt. Phone Number	
Gender Mobile Number	Male (Phone) +65-97765397
Date Of Driving Pass Driving experience	11/07/2005 17 YEARS AND 7 MONTHS
D	

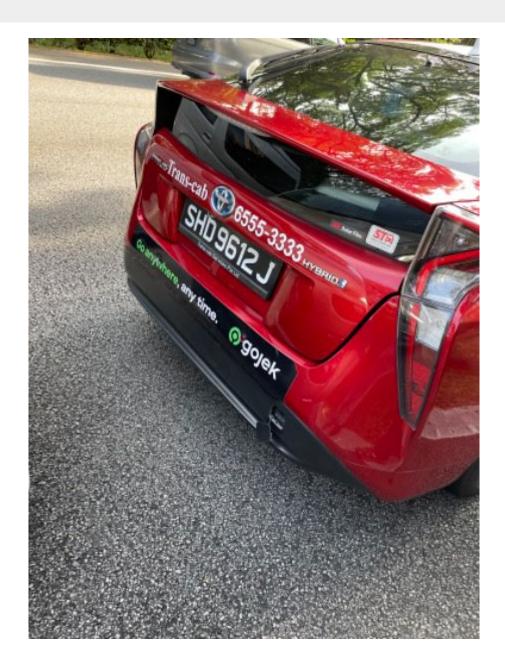
SHD9612J

C Accident report SA01232R0001

Vehicle Registration Number

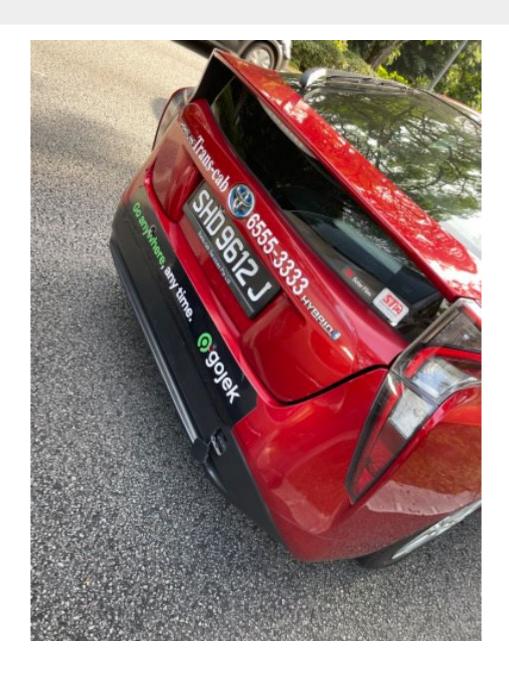
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-93677758
Address	<u>-</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-













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

	ADDEN	DUM	
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:		
	Original Report No:	Vehicle Registration No:	SLX 8707 Z
	Name (as shown in NRIC): Bay Q'in Thoug Roo	NRIC/FIN/Passport No:	585 (729RT
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as	appropriate	
	Address:		Singapore (
	Contact (Tel): 97765397	Mobile No.:	
	Email Address:	_	
	Date of Accident: 24, 02, 2013	Time of Accident:	5:03 am
	Place of Accident: 24, 02, 2023	= just before	ont 78
	Insurance Company:AIG	9 20.4(v)v	
(B)	ADDITIONAL INFORMATION /AMENDMENTS:		
	I have made a report on the above-mentioned accider make the following amendments:		
	Amend From Reporting Only	- Own Damag	e claim
		0	
-			
-			
-			
	At .	l	
	Policyholder / Driver's Signature Date:	Reporting Centre Personame: NRIC/FIN No.: Date:	onnel's Signature

GIARMC Addendum Form