# **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.

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   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 10/02/2023 16:18 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 10/02/2023 10:53 (SGT) Exact Location of Accident Singapore Additional Location Information Newton circle at Clemenceau ave N exit Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Kia

Vehicle Registration Number SNC2764J

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **DENISE YEO JIA QI** NRIC No S9449218A Email Address NOEMAIL@AIG.COM Mobile Phone No (Phone) +65-93832773 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model Stonic Variant Stonic 1.0 PE EX & SX 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 998

## **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7210119781-01

### DRIVER

Name of Driver DENISE YEO JIA QI NRIC No S9449218A Date Of Birth 22/12/1994 Occupation Indoor

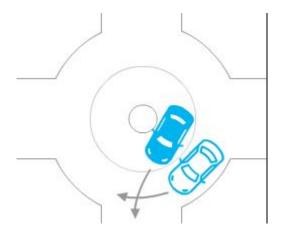
Date Of Driving Pass 06/09/2014 Driving experience 8 YEARS AND 5 MONTHS Gender Female Mobile Number (Phone) +65-93832773 Alt. Phone Number Email Address NOEMAIL@AIG.COM Address 142 LORONG 2 TOA PAYOH Address complement #24-176 SINGAPORE Postcode 310142 Is the driver the policyholder? Yes If No, Relationship 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 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) 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT SNC2764J trying to exit at Clemenceau Ave N however SLJ6726E did not give way. SNC2764J attempted to change lane and hit SLJ6726J on right door behind driver door 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 SLJ6726E Vehicle Manufacturer

Vehicle Variant

Vehicle Model

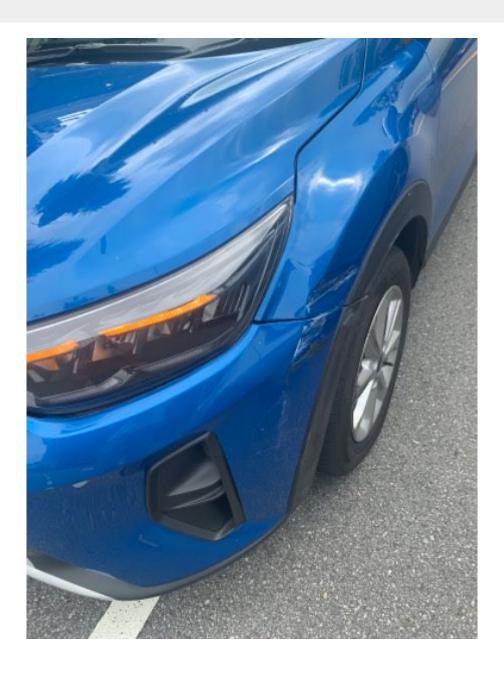
Vehicle Colour

Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91889260
Address	<del>-</del>
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: SA01232A0007 Vehicle Registration No: SNC2764J Name (as shown in NRIC): Devile yeo Jia Qi NRIC/FIN/Passport No: Sxxxx7/8 A. (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate Address: 142 Lorong 2 Ton Payon # ×4-176 Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 93832773 Email Address: Insurance Company: (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: ()wn Damage . Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: VIChespianan NRIC/FIN No.: Date: 4/2/23 GIARMC Addendum Form