

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	27/03/2023 09:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/03/2023 10:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Toh Yi Drive
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN9633Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZAMAN SARA
NRIC No	S2186848E
Email Address	NOEMAIL@AIG.COM
Mobile Phone No	(Phone) +65-97221064
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
Variant	SYLPHY 1.6 PREMIUM
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	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1700075224

DRIVER

Name of Driver	ZAMAN SARA
NRIC No	S2186848E
Date Of Birth	12/11/1964
Occupation	Indoor

Date Of Driving Pass	03/01/2003
Driving experience	20 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97221064
Alt. Phone Number	-
Email Address	NOEMAIL@AIG.COM
Address	105A TOH YI DRIVE
Address complement	TOH YI COURT 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	Collided into Motorcyclist
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)	2
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	Mrs Zaman Gul Afroz
Gender	Female

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 was exiting from the Toh Yi Court Condo carpark and turned right onto Toh Yi Drive. The Motorbike ('MB') was riding along Toh Yi Drive. As I was making the right turn

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	FBT2417P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-81001018
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	Mrs Zaman Gul Afroz
Phone	(Phone) +65-84226607
Email	viqarz@yahoo.com









