

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	13/06/2023 10:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/06/2023 09:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Woodlands ave 3 near treehaus park
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV2780Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ASIAH BINTE OMAR
NRIC No	S6813794B
Email Address	ASIAHO68@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97571264
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	PRIUS+ 1.8 HYBRID
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	1798

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070134172

DRIVER

Name of Driver	NURHIDAYAH BINTE MOHD JAIS
NRIC No	S9933955A
Date Of Birth	22/10/1999
Occupation	Indoor

Date Of Driving Pass	29/10/2018
Driving experience	4 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91274153
Alt. Phone Number	-
Email Address	NOEMAIL@AIG.COM
Address	739 PASIR RIS DRIVE 10
Address complement	#04-01
Postcode	510739
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	1
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	Irfaan
Gender	Male

PASSENGER 2

Name	Farhanah
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 turn left into the left most lane. The driver was in the centre lane. He suddenly switch lanes to my lane and stop abruptly

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	Unable to open video footage

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1999G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-96469091
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-





