SA01237L0003 / AIG Asia Pacific Insurance Pte. Ltd. ENTRY DATE & TIME: 21/07/2023 15:33 (SGT) SUBMITTED BY: Abd-Latiff, Roszanah VERSION: 1 (21/07/2023 15:33 (SGT))

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 this is form by instrained 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 First Submission 21/07/2023 15:33 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 17/07/2023 23:00 (SGT) Exact Location of Accident Singapore Additional Location Information Pasir Ris Dr 6 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

1984

Vehicle Registration Number SNK5369E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM WEE LIAN (LIN WEILIANG) NRIC No S7428492B Fmail Address Noemail@aig.com Mobile Phone No (Phone) +65-81116139 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Α5 Variant A5 SPORTBACK 2.0 TFSI S TRONIC 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

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7230041083

DRIVER

CC

Name of Driver LIM WEE LIAN (LIN WEILIANG) NRIC No S7428492B Date Of Birth 12/09/1974 Occupation Indoor

Date Of Driving Pass 15/07/1993 Driving experience 30 YEARS Gender Male Mobile Number (Phone) +65-81116139 Alt. Phone Number Email Address Noemail@aig.com Address 418 PASIR RIS DRIVE 6 Address complement #06-293 SINGAPORE Postcode 510418 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 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? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Accidentally release brake and hit the front vehicle during red light stop ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJQ4083B Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

Name of Driver
Contact Number

Address		<u>-</u>
Address complement		
Postcode		<u>-</u>
Insurance Company Name		
Nature Of Damage		<u>-</u>
Details of property damaged in accident	 	-
No. Of Passenger (Including Driver)	 	-

