

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 Authorised 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 ability
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 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 Report	30/06/2014 08:58
Date Of Accident	28/06/2014 12:35
Exact Location Of Accident	STILL ROAD JUST BEFORE LOR G TELOK KURAU
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF2972U
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Insured/Policyholder

Name Of Registered Owner	SIRIMANNE ANDRE CHRISTOPHER
NRIC No	S7986445E

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
If No, Please state action to be taken	
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100301165-02000
Cover Note Number	

Driver

Name of Driver	SIRIMANNE ANDRE CHRISTOPHER
NRIC No	S7986445E
Date Of Birth	17/08/1979
Occupation	Indoor
Date Of Driving Pass	03/03/2012
Driving Experience	2 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-85180450
Fax Number	
Contact Number	
EEmail Address	ANDRE.SIRIMANNE@YAHOO.CO.UK
Address	21 JALAN RAJA UDANG # 18-02
Postcode	329215
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE2169P
Vehicle Make/Model/Colour	HYUNDAI AVANTE RED
Details Of Properties	
Name of Driver	LIM YEW KUAN
NRIC/Passport Number	S7176516D
Contact Number	98190594
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	



MOTOR ACCIDENT REPORT FORM

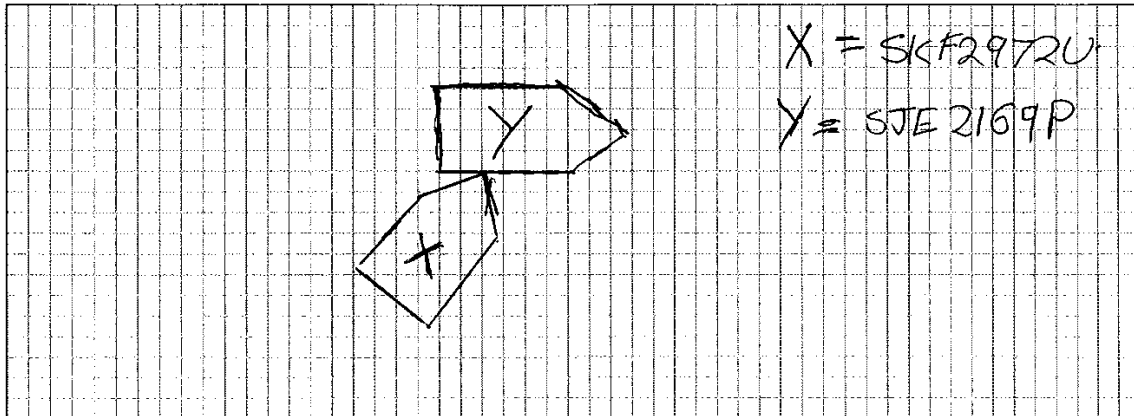
BASIC INFORMATION			
Date of Report:	30 th JUNE 2014		Time: 8:45 am
Date of Accident:	28 th JUNE 2014		Time: 12:36 pm
Exact Location of Accident:	STILL ROAD JUST BEFORE LOR G TEBOK KURAU		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number:	SKF2972U Name of Registered Owner: ANDRE SIRIMANNE		
NRIC/Passport No./FIN:	S7986445E Company Reg. No.(for Company Veh):		
VEHICLE PARTICULARS			
Manufacturer:	KIA	Model:	SORROWDO
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others		
Are You Claiming Under Your Own Insurance?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Reporting Only <input type="checkbox"/> NO 3rd Party		
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle		
INSURANCE DETAILS			
Name of Insurance:	AIG		
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:	2100301165-02000		
Driver when the Accident Happen			
Name of Driver:	ANDRE SIRIMANNE		NRIC/Passport/Fin No: S7986445E
Date of Birth:	17 th AUG 1979	Occupation:	MANAGER
Date of Driving Pass:	03 MAR 2012	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	85180450	Home No.:	63085664
Address:	21 JALAN RATA UDANG #18-02 Postal Code 229215		
Email Address:	andre.sirimanne@fulco.co.uk		
Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured		
Vehicle Registration Number of driver's Own Vehicle:			
Insurance Company:			
OTHER INFORMATION OF THE ACCIDENT			
Type of Accident:	CHANGING LANE		
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify		
Road Surface:	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify		
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Was Any other material or Property Damaged:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Which Police Station:			
Was notice of Intended Prosecution given:			
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)			
Vehicle Registration Number:	SJE2169P Name of Registered Owner: LIM YEW KUAN		
NRIC/Passport No./FIN:	S7176516D Company Reg. No.(for Company Veh):		
Name of Driver:	LIM YEW KUAN		NRIC/Passport/Fin No: S7176516D
Mobile No.:	98190594	Home No.:	
Address:	Postal Code		
Email Address:			
Insurance Company:			
Details of Witness if any			
Witness Name:			
Contact Number:			
Email Address:			
Details of Injured Person			
Name:	Age:		
Address:			
Injured Sustained:	Injured Person in which vehicle:		
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SKETCH PLAN

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Sketch Plan



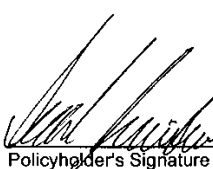
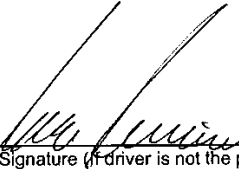
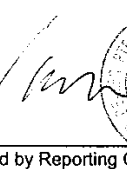

Describe Circumstances of the Accident

MY CAR X WAS STATIONARY IN THE FAR RIGHT TURNING LANE. I PULLED OUT LEFT AID HIT THE CAR Y ON THE DRIVERS SIDE PASSENGERS DOOR.

CAR Y WAS GOING STRAIGHT BUT WHEN I CHECKED MY MIRRORS I DID NOT SEE HIM IN THE LANE GOING STRAIGHT BEFORE THE COLLISION.

Declaration

I/We declare the foregoing particulars are true in every respect.

 30/06/2014 
 Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time  
 Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

