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 witholding 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

	ACCIDENT STATEMENT	
Date Of Report	22/10/2017 12:27	
Date Of Accident	20/10/2017 16:00	
Exact Location Of Accident	JALAN TUA KONG	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

Vehicle Registration Number SLA2711X

Insured/Policyholder

Name Of Registered OwnerDICK CHANNRIC No\$1310537EEmail AddressNOEMAIL

Mobile Phone No (LOCAL) +65-96632080

Alternative Phone No OTHERS-96632080

Vehicle Particulars

Manufacturer AUDI

Model A4 SEDAN 1.4 TFSI S TRONIC

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

ES.

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 2100452943-01000

Cover Note Number -

Driver

Name of DriverDICK CHANNRIC No\$1310537EDate Of Birth30/07/1958OccupationINDOORDate Of Driving Pass29/10/1976

Driving Experience 40 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96632080

Fax Number

Contact Number OTHERS-96632080

EMail Address NOEMAIL

Address 73 JALAN TUA KONG

#11-03

Postcode 457266

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

Thole

Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY

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? NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ACCIDENT HAPPEN ON 20TH OCT. FRIDAY AT ABOUT 1600 HRS. VEHICLE REVERSING HIT INTO CONCRETE STIRRUP. ROAD WAS CLEAR AND DRY.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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8 Consent under the Personal Data Protection Act (PDPA)

Funderstand, acknowledge, agree and consent that:

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