

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	11/12/2017 16:54
Date Of Accident	10/12/2017 21:20
Exact Location Of Accident	NORTH BUONA VISTA RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE4260X
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66944919
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995170
Cover Note Number	
Driver	
Name of Driver	LEE QUAN FENG, PHILBERT
NRIC No	S8634186G
Date Of Birth	24/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	04/02/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	OFFICE-31584255
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions LIGHT RAINS

Road Surface WET

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

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

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

PLEASE REFER TO PHOTOS AND VIDEO. THANK YOU.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE TO BIG. *REQUEST IF NEEDED*

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKN6170Z

Vehicle Make/Model/Colour

Details Of Properties VEH B

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS2174B

Vehicle Make/Model/Colour

Details Of Properties

VEH C

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

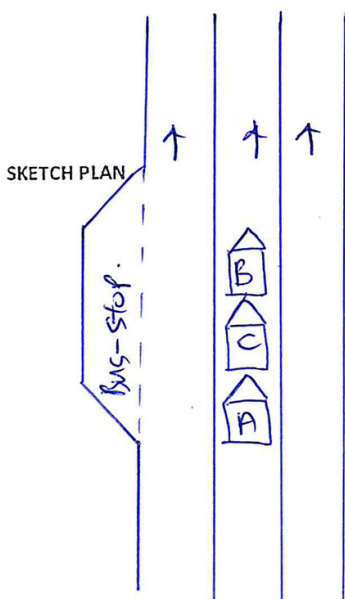
Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1



Car A: SLE 4260x

Car B: SKN 6170Z

Car C: SLS 2174B

Location:

North Buona Vista Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/12/17 at 21:20pm, my vehicle A was travelling straight along North Buona Vista Rd at the second lane. While my vehicle A was travelling straight suddenly vehicle C slow down his his vehicle but I couldn't stop on time which cause my vehicle A. and collided onto vehicle C rear portion. I then went down and assess the accident scene and realize that it is a chain collision which involve vehicle B (SKN 6170Z) and vehicle C (SLS 2174B). I wish to state that when I went down and assess the accident scene vehicle B jammed brake and fully stop when there was no vehicles in front of vehicle B.

DECLARATION

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

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Handwritten Signature]



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8634186G**
Name: **LEE QUAN FENG, PHILBERT**
Birth Date: **24 Nov 1986**
Issue Date: **04 Feb 2014**

VMG USE ONLY

002271458A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8634186G**

Name: **LEE QUAN FENG, PHILBERT**
李 权 锋
Race: **CHINESE**
Date of birth: **24-11-1986**
Country/Place of birth: **SINGAPORE**
Sex: **M**

5675808

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE 04 Feb 2014

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

VMG USE ONLY

Licence No: S8634186G

NP 428A

5675808

NRIC No. **S8634186G**

Date of issue: **28-11-2016**

Address: **APT BLK 216D COMPASSVALE DRIVE
#07-578
SINGAPORE 544216**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

