

## 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	19/12/2017 17:58
Date Of Accident	18/12/2017 17:10
Exact Location Of Accident	GAMBAS AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB4386H
<b>Insured/Policyholder</b>	
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	NG KIM WAH
NRIC No	S7606558F
Date Of Birth	07/03/1976
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2001
Driving Experience	16 YEARS AND 4 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	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
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	SHA3203L
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

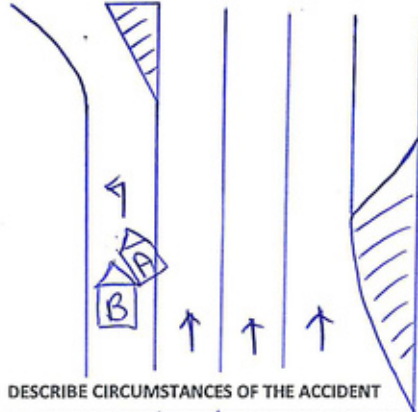
Name	
Phone Number	
Email Address	

# Sketch Plan

Car A → SLB4386H

Car B → STA3203L

## SKETCH PLAN



Location:

Gambas Ave

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/12/17 at 17:10pm, my vehicle A was signalling left to exit Gambas Ave. While filtering to the extreme left lane suddenly I felt a impact on my vehicle A. So I went down and assess the accident scene and realise that vehicle B has drove straight and collided onto my rear left portion.

## 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:



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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7606558F

Name: NG KIM WAH (WU JIANHUA)

Birth Date: 07 Mar 1976

Issue Date: 07 Aug 2003

1000726195D

VMG USE ONLY

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7606558F

Name: NG KIM WAH

吴 剑 华

Race: CHINESE

Date of birth: 07-03-1976

Sex: M

Country of birth: SINGAPORE

S7606558F

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

Class 3A Motor cars without clutch pedals  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals  $\leq$  2500 kg

PASS DATE: 13 Aug 2001

S / No. 9000265106

S7606558F

Licence No: S7606558F

NP 428A

VMG USE ONLY

3934228

NRIC No: S7606558F

Date of issue: 20-09-2006

APT BLK 314 YISHUN RING ROAD #12-1182

SINGAPORE 760314

NRIC No: S7606558F

Date: 25/10/2014

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

