Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 26/12/2017 09:25

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 <u>truthful and accurate</u> 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 policyliability 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

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/12/2017 12:06
Date Of Accident	21/12/2017 19:55
Exact Location Of Accident	JALAN BESAR, INFRONT OF SIM LIM TOWER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB6140L
Insured/Policyholder	
Name Of Registered Owner	LIM HON YUN
NRIC No	S8400895H
Email Address	HONYUN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98460817
Alternative Phone No	Office-64589815
Vehicle Particulars	
Manufacturer	MAZDA
Model	3 1.5 SKYACTIV
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	NO
Policy Number	2100464769-01
Cover Note Number	
Driver	
Name of Driver	LIM HON YUN

Name of Driver

NRIC No

S8400895H

Date Of Birth

Occupation

Date Of Driving Pass

LIM HON YU

S8400895H

17/01/1984

INDOOR

14/05/2003

Driving Experience 14 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98460817

Fax Number

Contact Number OFFICE-64589815

EMail Address HONYUN@GMAIL.COM

1 ANG MO KIO AVENUE 9 Address #09-03 SINGAPORE 569758 Postcode

NO Was driver an employee of the Insured's Company 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

NO

NO

NO

NO

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 this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged?

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?

If Yes, against whom?

Circumstances of Accident

#straightroad, Moving straight & Moving straight, Blue Car SLB6140L, White Car SLF8435C SLB6140L (Car 1) was in yellow box outside Sim Lim Tower at a perpendicular angle to traffic and was looking at traffic before straightening car. SLF8435C was seen to be moving off but upon straightening car, and after checking traffic on the right, SLF was stationary and it was too late to prevent collision even though I jammed break.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF8435C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 94575952

Address Postcode

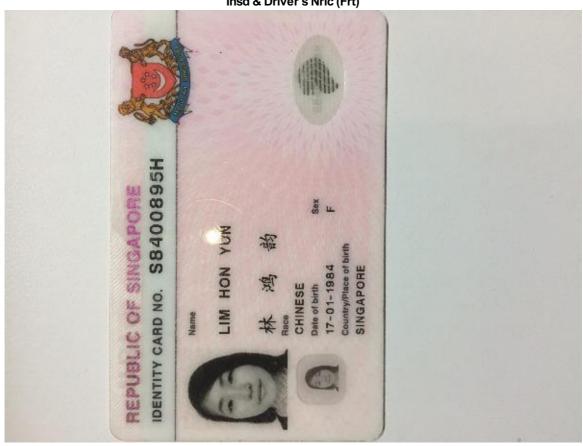
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



Insd & Driver's Nric (Frt)



Insd & Driver's Nric (Bck)



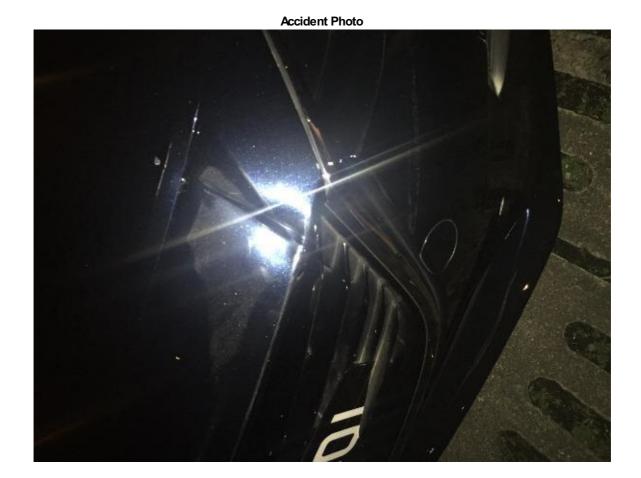


Insd & Driver's Driving License (Bck)









Accident Photo

