

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	15/01/2018 22:28
Date Of Accident	30/12/2017 15:10
Exact Location Of Accident	ALONG PIE TOWARDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9916G
Insured/Policyholder	
Name Of Registered Owner	LI ZHENGHAO, KELVIN
NRIC No	S8718770E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96271282
Alternative Phone No	Others-96271282

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	1700062354
Cover Note Number	

Driver

Name of Driver	LI ZHENGHAO, KELVIN
NRIC No	S8718770E
Date Of Birth	07/06/1987
Occupation	INDOOR
Date Of Driving Pass	15/12/2006
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96271282
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	25 PASIR RIS LINK
Postcode	#06-14 SINGAPORE 518150
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : UNSURE Gender: : Male

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

#straightroad Moving straight & Moving straight SLS9916G SLK7337H it was a rainy day and i was exiting the expressway (PIE) onto TPE when the front driver braked before the filter lane. I started to brake but it was still slippery hence there was a light bump onto the driver in front

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WAS NOT PROVIDED BY INSD
Was there any audio recorded?	NO

Sketch Plan



Accident Photo



Accident Photo



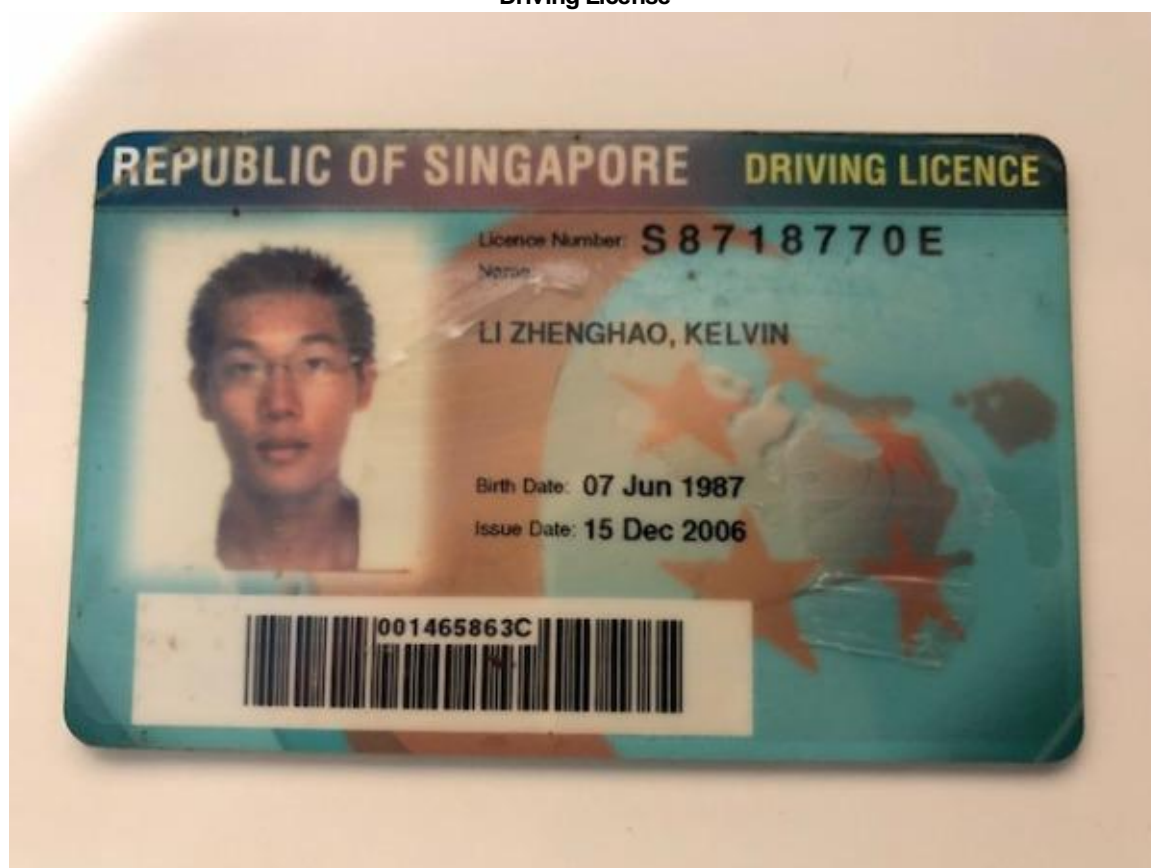
Accident Photo



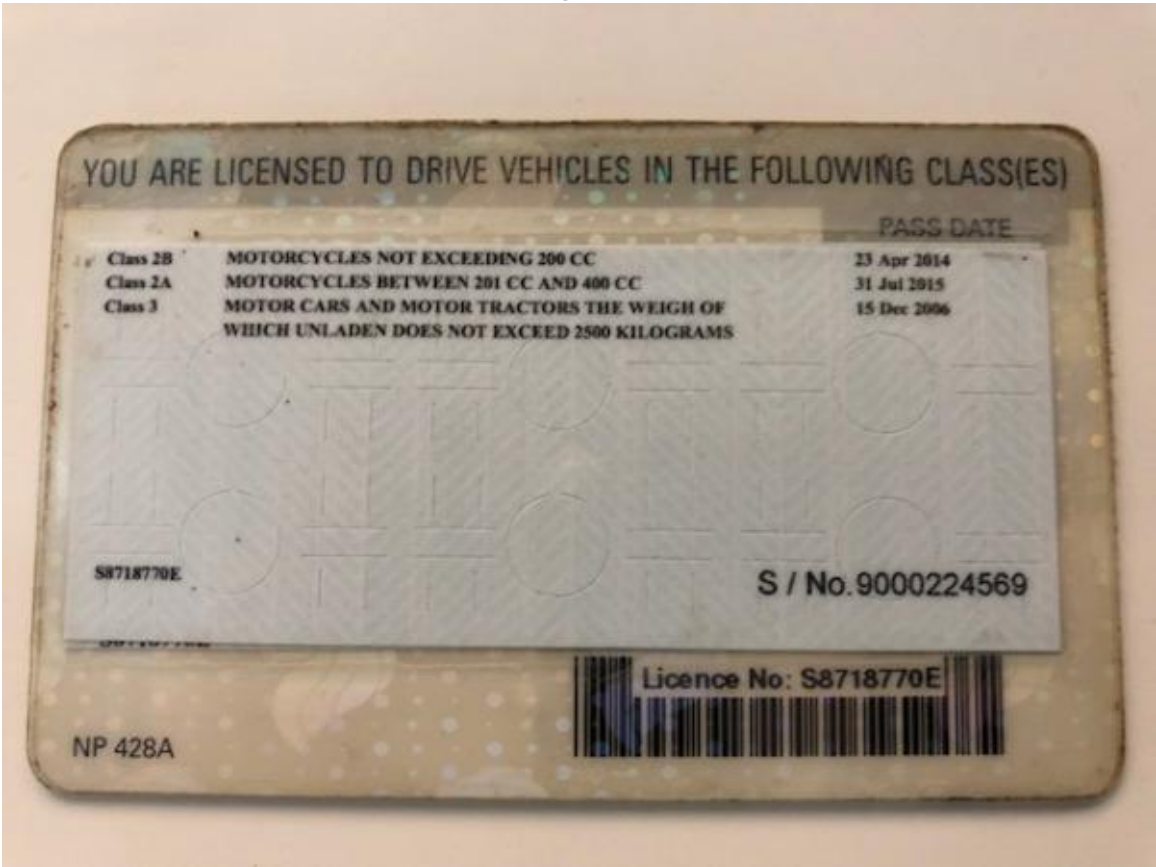
Accident Photo



Driving License



Driving License



Identification Card



Identification Card

