#### 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 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.	
	ACCIDENT STATEMENT
Date Of Report	29/12/2017 10:12
Date Of Accident	29/12/2017 01:35
Exact Location Of Accident	ALG RIVER VALLEY RD. NEAR BRIDGE AT CLARKE QUAY.
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK2059T
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-94353934
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994979
Cover Note Number	
Driver	
Name of Driver	LIEW KANG SENG
NRIC No	S1583284C

Date Of Birth 12/03/1963 Occupation **OUTDOOR** Date Of Driving Pass 07/06/1990

**Driving Experience** 27 YEARS AND 6 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-94353934

Fax Number

Contact Number

EMail Address LESTERLIEW@HOTMAIL.COM Address Postcode BLK 304 UBI AVENUE 1 #04-95 SINGAPORE 400304

Was driver an employee of the Insured's Company

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 SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

## Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by ambulance?

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)

1

#### **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

I HAD JUST DROPPED OFF MY PASSENGER AT THE BUSTOP ALONG RIVER VALLEY RD. THE QUEUE OF TAXIS WAS VERY LONG ON THE EXTREME LEFT LANE. I SIGNALLED RIGHT AND INTEDED TO FILTER BACK INTO THE MAIN RD FROM THE BUSTOP. MY VEHICLE WAS STATIONARY WHEN SUDDENLY VEHICLE SH7654A CAME FROM THE REAR RIGHT SIDE TO OVERTAKE MY VEHICLE AND CUT INTO THE LANE I WAS FILTERING INTO. VEHICLE SH7654A HAD BRUSHED AGAINST THE FRONT RIGHT PORTION OF MY VEHICLE. NO INJURIES WERE INVOLVED.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

PENDING VIDEO FROM INSURED

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SH7654A

Vehicle Make/Model/Colour HYUNDAI/I40

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver CELINE CHONG MEI YIN

NRIC/Passport Number S7538830F

Contact Number

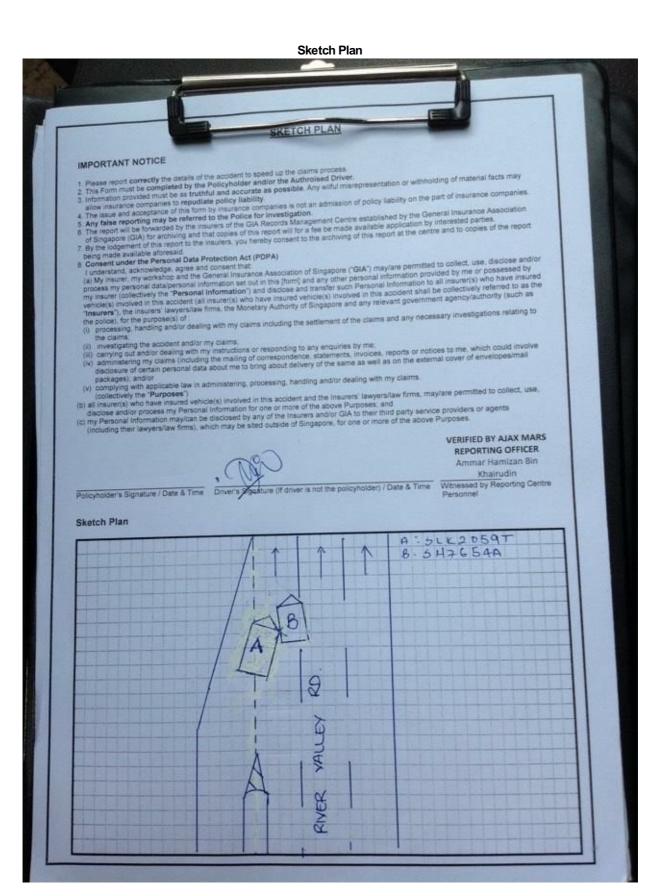
Address

Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1



# **ACCIDENT STATEMENT (2000 characters)**

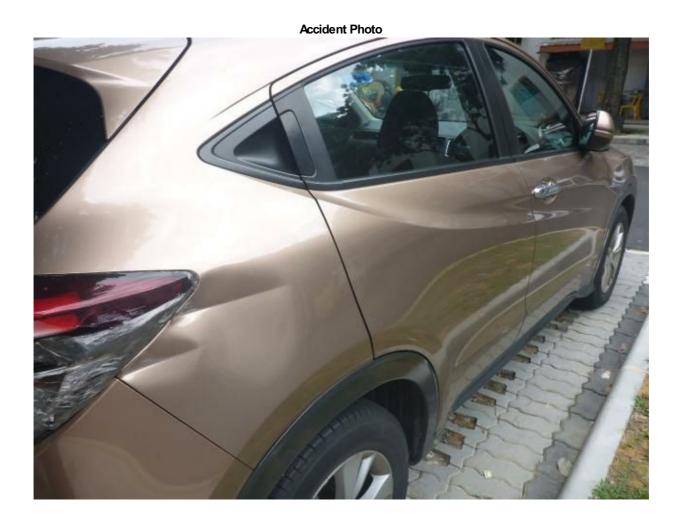
VALLEY RD. THE QUEUE OF TAXIS WALANE. I SIGNALLED RIGHT AND INTECFROM THE BUSTOP. MY VEHICLE WAS VEHICLE SH7654A CAME FROM THE FOUNTINE AND CUT INTO THE LANE IV	
Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information provide	nd above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - AMMAR HAMIZAN	Jin)
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:

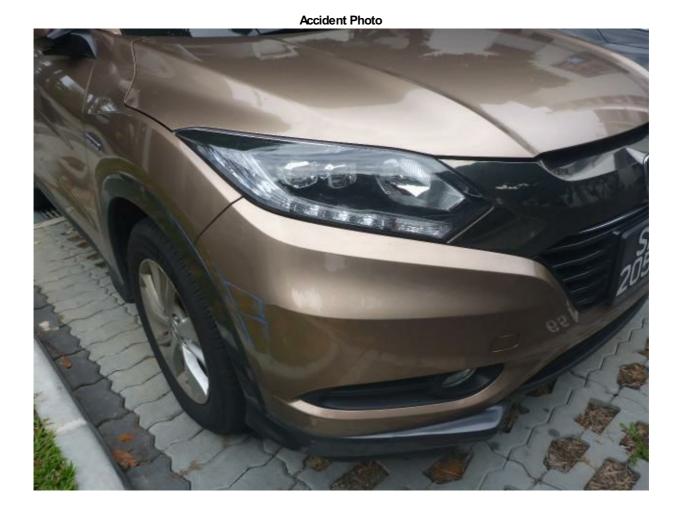
**Accident Photo** 

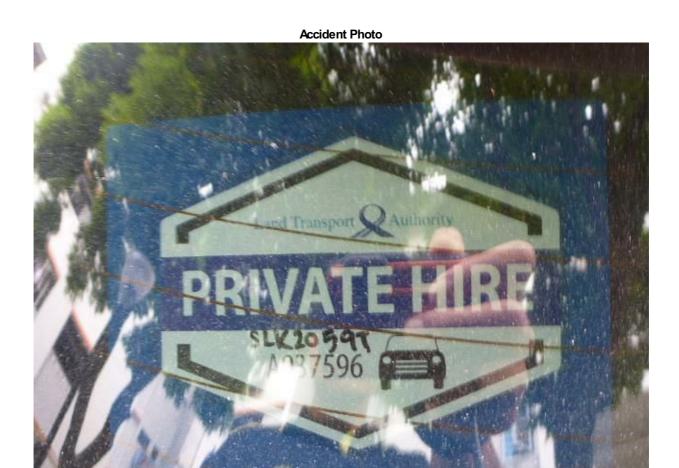


# **Accident Photo**













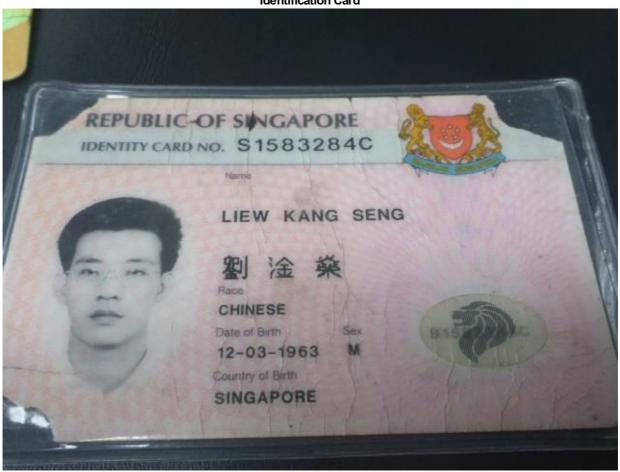








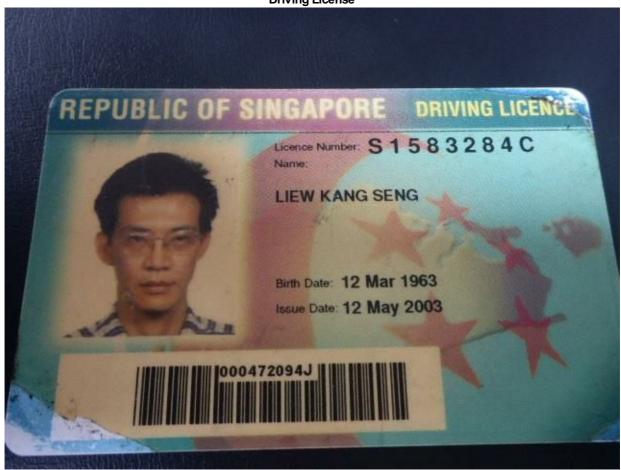
**Identification Card** 



**Identification Card** 



**Driving License** 



**Driving License** 

