

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	22/05/2013 15:55
Date Of Accident	22/05/2013 14:40
Exact Location Of Accident	FARRER RD HEADING TO LORNIE RD

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF6211G
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Insured/Policyholder

Name Of Registered Owner	CHAN CHIAN POH
NRIC No	S6815450B

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200K

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 Third Party

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	2100308315
Cover Note Number	

Driver

Name of Driver	GOH SOK KHENG
NRIC No	S1813050E
Date Of Birth	08/12/1967
Occupation	Indoor
Date Of Driving Pass	14/08/2002
Driving Experience	10 Years And 9 Months
Gender	Female
Mobile Number	(Local) +65-92726163
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Spouse

Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Unknown - TP HIT INSURED
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
Was there any video captured by Car Camera?	No

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 ATTACHMENT.- STATEMENT RECORDED BY RENUGA - PROGRESSIVE AUTOMOTIVE PTE LTD.
TEL - 67415336

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB7504L
Vehicle Make/Model/Colour	
Details Of Properties	
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	

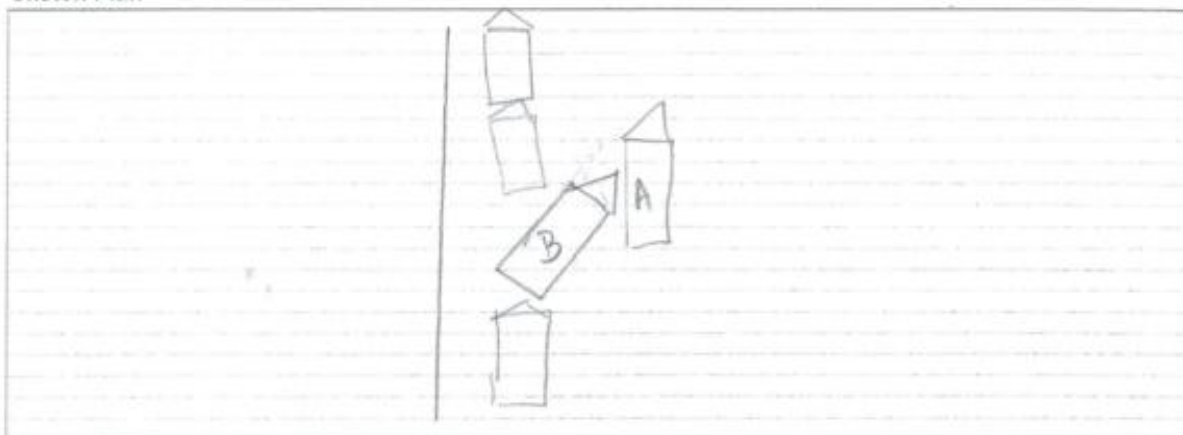
Sketch Plan

SKETCH PLAN

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Sketch Plan



Describe Circumstances of the Accident

I'm driving along Farrer Rd heading to Lornie Rd.
Car B which in left side tryin to cut into my lane
and collided with my vehicle. Car B: din give any
signal-

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


Witnessed by Reporting Centre
Personnel

Accident Photo



Accident Photo



Accident Photo





Accident Photo

