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 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	06/02/2018 16:11
Date Of Accident	06/02/2018 14:30
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD, NEXT TO ROCHOR RIVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS2646G
Insured/Policyholder	
Name Of Registered Owner	TAN MENG HONG
NRIC No	S6830665E
Email Address	JOLYNNTOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82025666
Alternative Phone No	Others-82025666
Vehicle Particulars	
Manufacturer	AUDI
Model	A1 SPORTBACK-1.0 TFSI S-TRONIC (A)
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	1700049858
Cover Note Number	
Driver	

Name of Driver TOH LING BIN JOLYNN

NRIC No S9117897D
Date Of Birth 09/05/1991
Occupation INDOOR
Date Of Driving Pass 02/04/2011

Driving Experience 6 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91810505

Fax Number

Contact Number

EMail Address JOLYNNTOH@GMAIL.COM

Address Postcode 650C JURONG WEST ST 61 # 09-242

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

O.

ii 140, 140idiionomp of the Briver with the indured

CHILDREN

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?

NO

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

Name: : unknown 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 Changing lane & Damp; Moving in own Lane SLS2646G SHA784X I was changing lane to the left and the road was clear when I checked. Yet once I crossed the dotted line, the taxi sped past me and my front left swiped his hind right.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

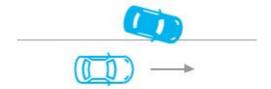
Remarks/ Reasons:

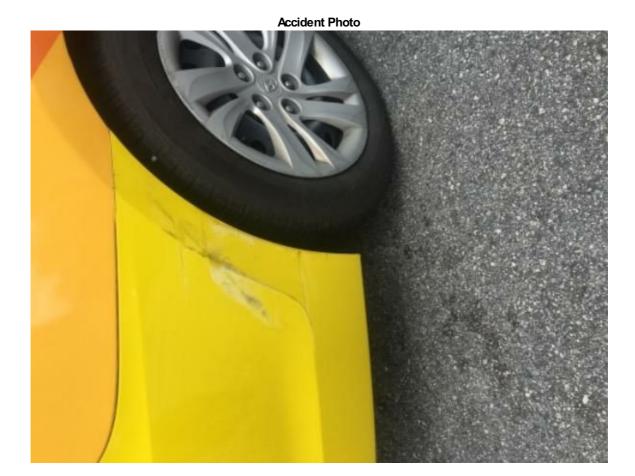
VIDEO NOT SUBMITTED BY INSD

Was there any audio recorded?

NO

Sketch Plan







Accident Photo

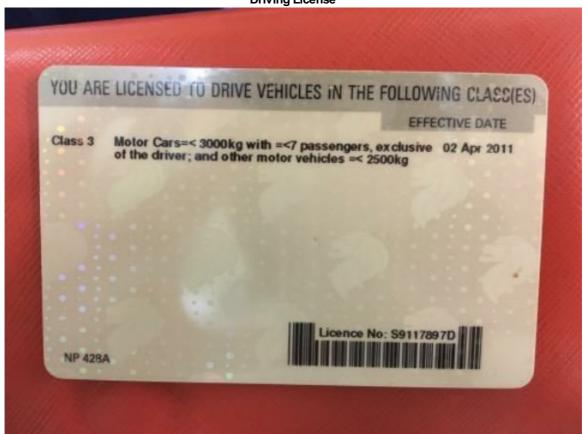


Accident Photo



Driving License







Identification Card

