

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 | 01/07/2013 16:17 |
| Date Of Accident | 01/07/2013 10:05 |
| Exact Location Of Accident | MERCHANT ROAD |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SGA5100Z |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|----------------|
| Name Of Registered Owner | LEONG MEI KHEY |
| NRIC No | S7070482Z |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | TOYOTA |
| Model | PREMIO-1.5 F (A) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | 2100277782-01000 |
| Cover Note Number | |

Driver

| | |
|--|-------------------------|
| Name of Driver | LEONG MEI KHEY |
| NRIC No | S7070482Z |
| Date Of Birth | 01/10/1970 |
| Occupation | Indoor |
| Date Of Driving Pass | 23/03/1994 |
| Driving Experience | 19 Years And 3 Months |
| Gender | Female |
| Mobile Number | (Local) +65-92239600 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | grace_leong@hotmail.com |
| Address | 62 TOH TUCK ROAD #03-01 |
| Postcode | 596724 |
| 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 Unknown - TP SWERVED INTO INSURED'S LANE
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

On 1/7/2013 at around 10.05am, I was travelling along Merchant Road on Lane 2 turning right into New Bridge Road to go into my office at OUE Bayfront, Raffles Place. As I approached the traffic light, the taxi (Vehicle B) suddenly swerved into my lane and knocked into my left hand front passenger door and caused a whole line of abrasion and dents all the way to the back of my vehicle and my sports rim on rear left wheel too. Enclosed please find eight (8) photographs taken at the scene of the accident.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC3974J
Vehicle Make/Model/Colour HYUNDAI SONATA / BLUE
Details Of Properties
Name of Driver CHEW HOCK LAY
NRIC/Passport Number S06813871
Contact Number
Address BLK 305 CLEMENTI AVE 4 #10-397
Postcode 0512
Insurance Company Name India International Insurance Pte Ltd
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

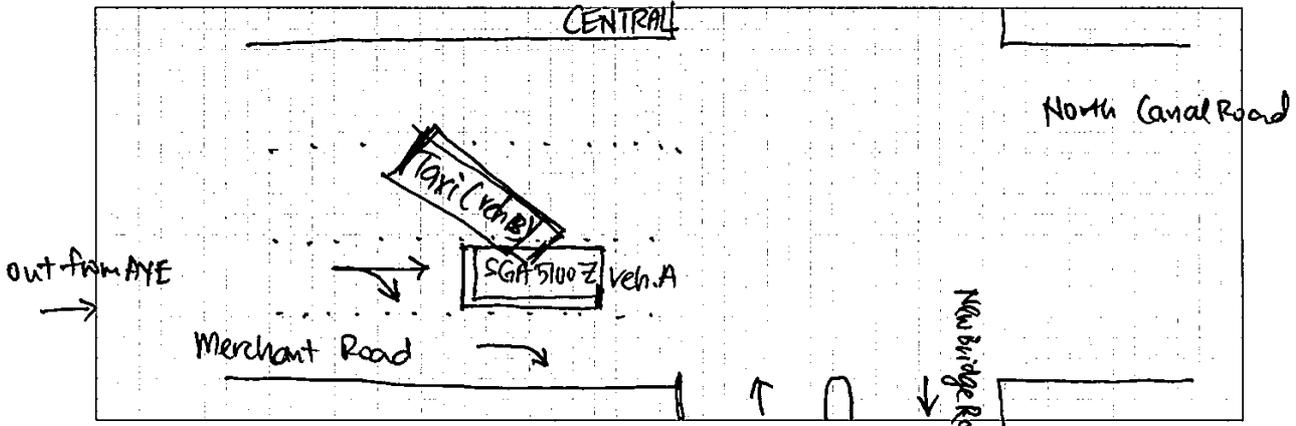
Name
Phone Number
Email Address

SKETCH PLAN

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Sketch Plan



Describe Circumstances of the Accident

On 1.7.2013 around 10:05 am, I was travelling Merchant Road on Lane 2 turning ~~into~~ right into New Bridge Road to go into my office ~~at~~ OUE Bayfront, Raffles Place. As I approached the traffic light, the Taxi (vehicle B) suddenly swerved into my lane and knocked into my left hand front passenger door and caused a whole line of abrasion and dents all the way to the back of my vehicle and my sports rim of rear left wheel too. Enclosed please find the 8 photos taken at the scene of accident.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 1/7/13 @ 1600hr.

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

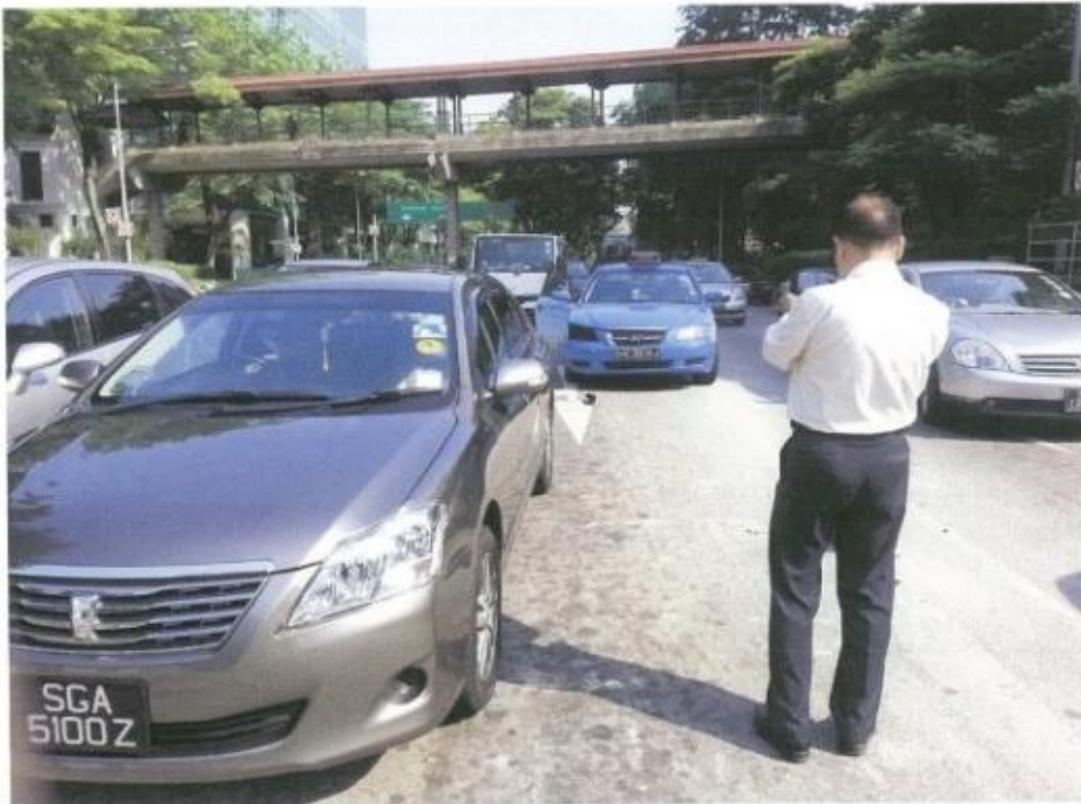
Accident scene photo



Accident scene photo



Accident scene photo



Accident scene photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

