

## 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 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	26/02/2018 12:40
Date Of Accident	23/02/2018 17:10
Exact Location Of Accident	3 SIMEI STREET 3. OUTSIDE EASTPOINT GREEN CONDOMIN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX6195Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE MOLLY
NRIC No	S1851201G
Email Address	WEEJONATHAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90271340
Alternative Phone No	OFFICE-96196725

### 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	1700036350
Cover Note Number	

### Driver

Name of Driver	JONATHAN WEE
NRIC No	S8945490E
Date Of Birth	22/12/1989
Occupation	OUTDOOR
Date Of Driving Pass	22/04/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90271340
Fax Number	
Contact Number	
Email Address	WEEJONATHAN@HOTMAIL.COM

Address	234 SIMEI ST 4 #08-238
Postcode	520234
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	CLEAR
Road Surface	DRY

#### 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?	
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)	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?	

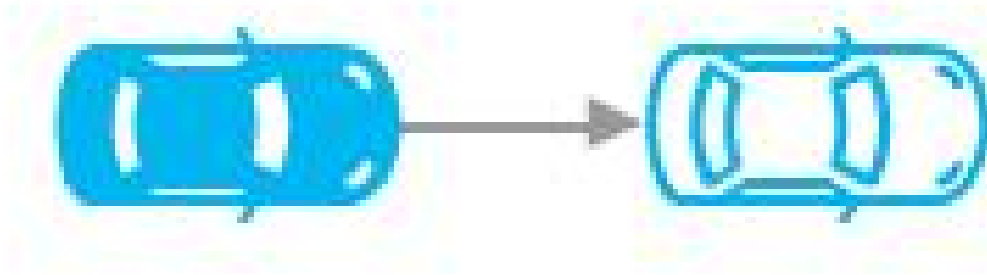
#### Circumstances of Accident

#straightroad Moving straight & Moving straight Blue Car SGX6195Y White Car SLM1611U Traffic light was red and both cars were at a stop. When traffic lights turned green, both started to move off, driver in SLM1611U came to a stop and I (SGX6195Y) could not stop in time.

#### Attachment(s)

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

## Sketch Plan



Accident Photo



Accident Photo



Accident Photo

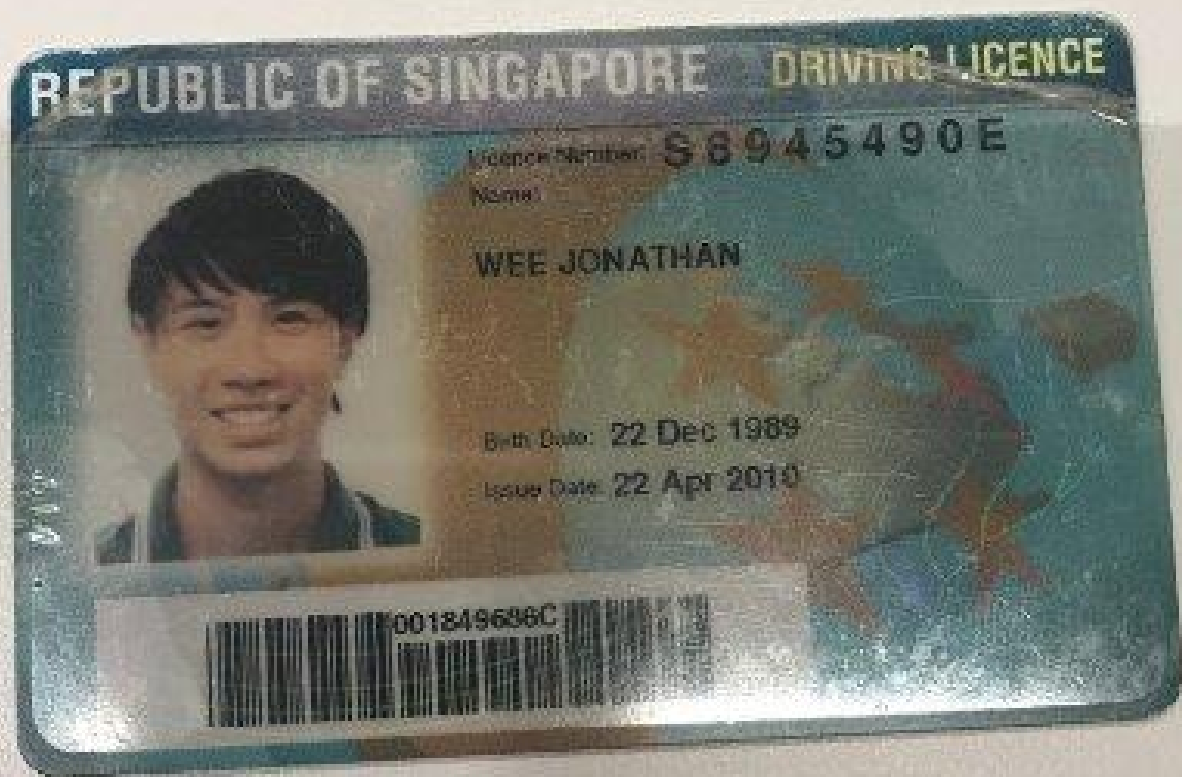




Accident Photo

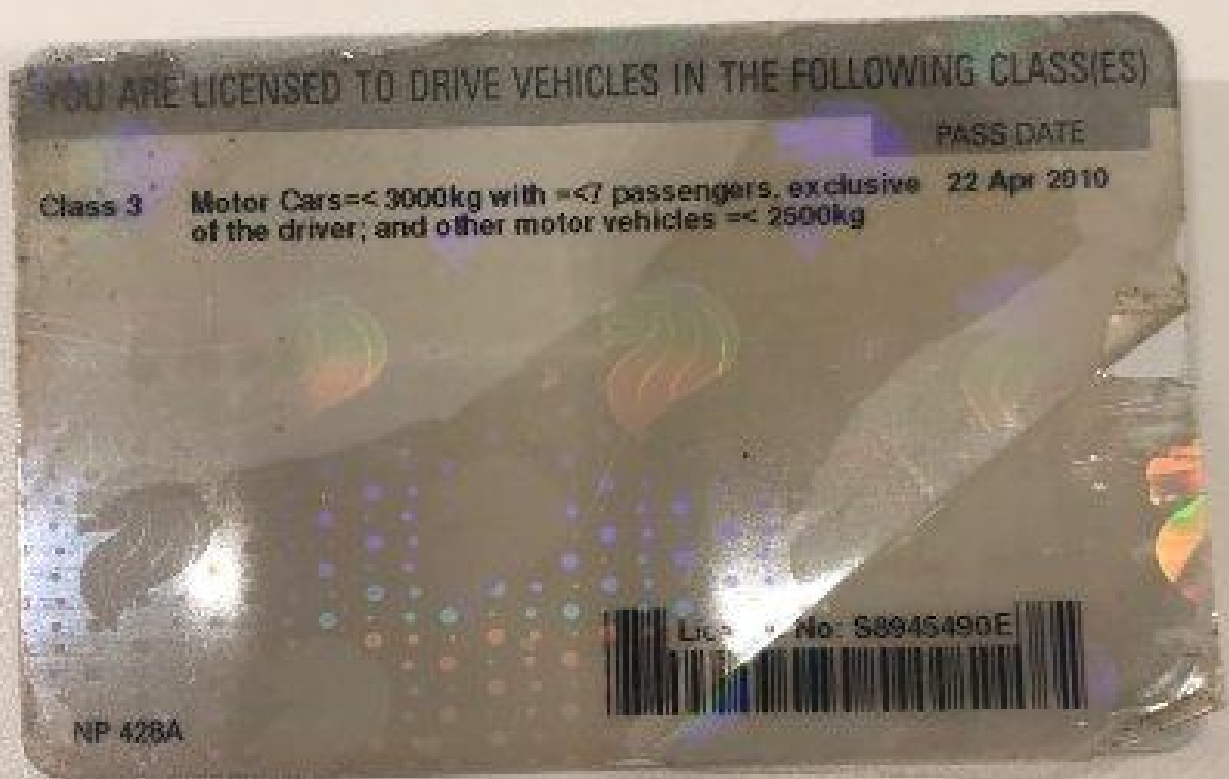


Driving License Frt





Driving License Back



Identification Card Frt



Identification Card back

