

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	21/02/2018 15:10
Date Of Accident	19/02/2018 17:40
Exact Location Of Accident	WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ6034C
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Insured/Policyholder

Name Of Registered Owner	HENG AIK SOON
NRIC No	S7175528B
Email Address	HENG@KIMHENG.COM.SG
Mobile Phone No	(LOCAL) +65-82889711
Alternative Phone No	Others-82889711

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8
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	2100276063-06
Cover Note Number	

Driver

Name of Driver	HENG AIK SOON
NRIC No	S7175528B
Date Of Birth	07/11/1971
Occupation	INDOOR
Date Of Driving Pass	22/01/2000
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82889711
Fax Number	
Contact Number	
EMail Address	HENG@KIMHENG.COM.SG

Address	267A COMPASSVALE LINK
Postcode	#15-67 SINGAPORE 541267
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	COLLIDED INTO MOTORCYCLIST
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SENG KANG POLICE POST
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Collided into Motorcyclist, #straightroad, Moving within lane (Side swipe including at bend) & Moving within lane (Side swipe including at bend), Blue Car Sf6034c, White Car Fbf6794y "Sf6034c was driving on lane 2 when car alarm indicator light up. Check back and side mirrors and found no cars. Put on turn Left signal light and Turn back left to check blind spot and found no car. Look forward and found motorcycle on my forward left side of car. Immediately I apply brake but car veer abit left and contacted the motorcycle. "

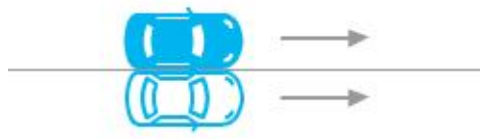
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF6794Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



Driver's Driving License (Front)



Driver's Driving License (Back)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE

22 Jan 2000

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

License No: S717522AS

SP 3894

Accident Photo



Accident Photo



Accident Photo



Accident Photo

