

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	17/01/2018 10:50
Date Of Accident	16/01/2018 15:10
Exact Location Of Accident	CROSS JUNCTION OF YISHUN AVENUE 2 AND YISHUN AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ9692K
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	LEONG CHUO MING
NRIC No	S8169786H
Email Address	CHUOREN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97213075
Alternative Phone No	Office-93236362

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ A200 CGI BE URBAN
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	2100341374-04
Cover Note Number	

Driver

Name of Driver	DR. LEONG CHUO REN
NRIC No	S7989202E
Date Of Birth	01/10/1979
Occupation	INDOOR
Date Of Driving Pass	08/07/2014
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93236362
Fax Number	
Contact Number	
EMail Address	CHUOREN@YAHOO.COM

Address	966 DUNEARN ROAD, 01-13SINGAPORE 589488
Postcode	589488
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	SKV191K
	-
	-
Insurance Company of Driver's Own Vehicle	AIG Asia Pacific Insurance Pte. Ltd.
	-
	-

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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Upload the drawing sketch plan On 16/1/2018 at around 15:15 hours, I was driving my vehicle bearing registration plate SKJ9692K at the X junction of Yishun avenue 2 and Yishun Avenue 3. I was making a left turn towards KTPH on the filter lane. There was a motorcycle in front of me on the filter lane turning into Yishun Avenue 3 and it had started to move off. I checked my right blindspot again and as there was no vehicle, I accelerated. However, the motorcycle in front of me earlier had somehow stopped, and I wasn't in time to avoid collision and hit onto the rear of the motorcycle.

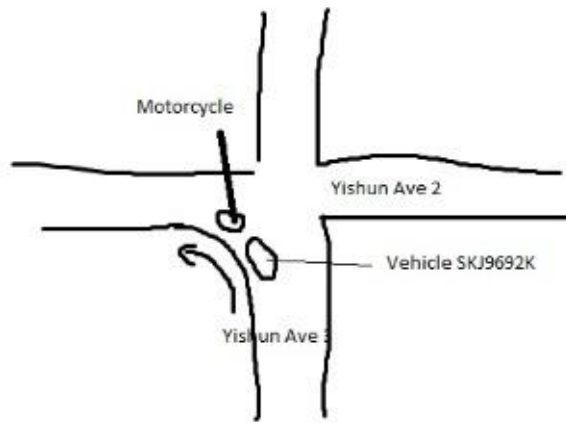
Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF INJURED PERSON 1

Name	
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan



Identification Card back



Identification Card Frt



Driving License back



Driving License Frt

