

## 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	05/03/2018 09:00
Date Of Accident	02/03/2018 23:45
Exact Location Of Accident	PUNGGOL ROAD PEDESTRIAL.TWDS PUNGGOL FIELD/PLACE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2152D
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### Insured/Policyholder

Name Of Registered Owner	BOO YONG CHUAN
NRIC No	S8504108H
Email Address	EMAILBYE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96398504
Alternative Phone No	Others-96398504

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	OWN USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	1700082590
Cover Note Number	

### Driver

Name of Driver	BOO YONG CHUAN
NRIC No	S8504108H
Date Of Birth	01/02/1985
Occupation	INDOOR
Date Of Driving Pass	13/02/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96398504
Fax Number	
Contact Number	OTHERS-96398504
EMail Address	EMAILBYE@GMAIL.COM
Address	BLK 154 HOUGANG STREET 11 #03-192

Postcode	530154
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	COLLISION - CHANGE/CROSS LANE
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?	NO
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)	3
Passenger 1	Name: : RACHELLE Gender: : Female
Passenger 2	Name: : MICHELLE Gender: : Female

#### 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

REFER TO ATTACHMENT

#### Attachment(s)

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

#### Details of Witness 1

Name	RACHEL LINYAN
Phone Number	81862689
Email Address	

#### Details of Witness 2

Name	MICHELLE ALBERT
Phone Number	91879540
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5513T
Vehicle Make/Model/Colour	RENAULT MEGAN/RED
Details Of Properties	TRANSLINK
Vehicle Category	TAXI
Name of Driver	WEBSTER YEW YU KIAN
NRIC/Passport Number	S1374447E
Contact Number	91845200

Address  
Postcode

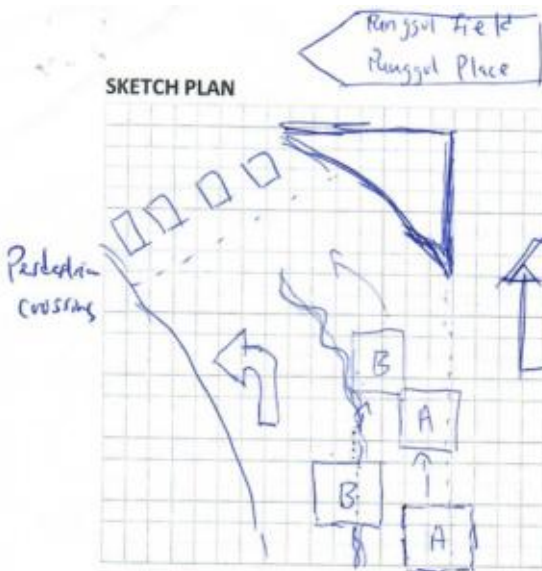
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan

## SKETCH PLAN



H - SLV 2152 D  
B - Taxi Transcend SHC 5513T

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 02/03/2018 (Friday), at 23:23 pm, I was driving along punggol road and wanted to hither out to Punggol Field / Punggol Place. I have signalled my intention to change my lane. After changing my lane ~~into~~ halfway through, the taxi also changed to the same lane B and stopped abruptly in front of my car, a few metre away from the pedestrian crossing. There was no car in front of the taxi nor any pedestrian crossing at that point of time.

## DECLARATION

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

Policyholder's Signature

Date & Time:

03/03/2018

WARRANTY CLAIM FORM (CONT.) 3/3

1233 pm.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

03/03/2018

1233 am.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



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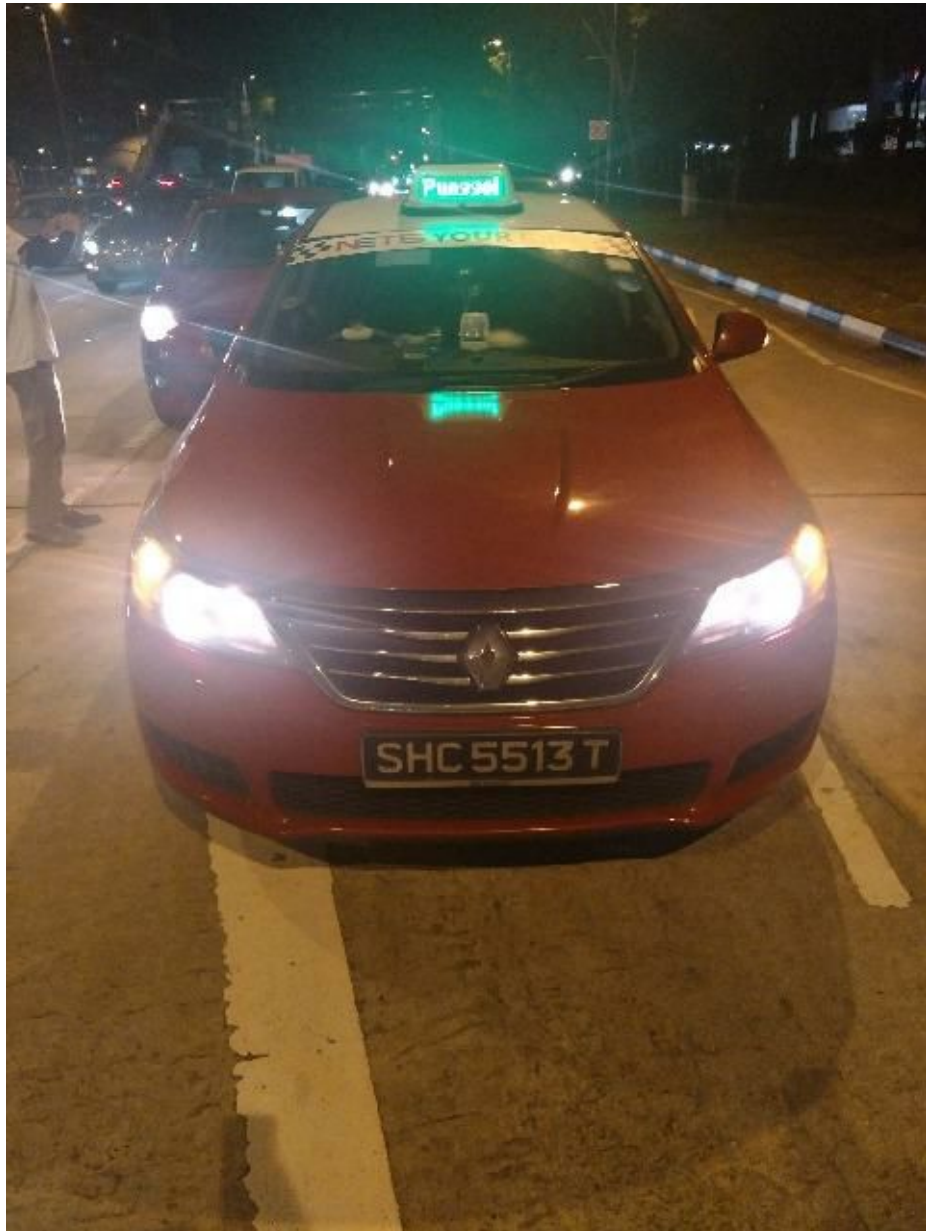




Accident Photo



Accident Photo





Accident Photo



# Identification Card

