

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	12/03/2018 12:52
Date Of Accident	10/03/2018 01:20
Exact Location Of Accident	78 SHENTON WAY, SINGAPORE 079120
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7335L
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Insured/Policyholder

Name Of Registered Owner	LIM YEN GEOK
NRIC No	S1219096D
Email Address	SHANNONSIMWJ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97871328
Alternative Phone No	Others-97871328

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-TURBO
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	1700018277
Cover Note Number	

Driver

Name of Driver	SIM WEN JIE, SHANNON
NRIC No	S9335674H
Date Of Birth	24/09/1993
Occupation	INDOOR
Date Of Driving Pass	14/01/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97834139
Fax Number	
Contact Number	
EMail Address	SHANNONSIMWJ@GMAIL.COM

Address	52 CORPORATION RISE
Postcode	818366
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 - MAJOR/MINOR RD
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?	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]	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Collision - Major/Minor Rd, #tjunction, Turning into Main Road & Moving straight, Blue Car SLP7335L, White Car SHB6614J I (SLP7335L) was exiting the carpark gentry from Bishan BLK 149,150 to Bishan St. 11. Before making the exit, I checked that there was no oncoming traffic on both sides of the road before I drove out to the St.11 approaching Lornie Road. When I was making a turn, a blue comfort taxi (SHB6614J) suddenly appeared in front of me on the outer lane of the street, causing the collision of both the cars.

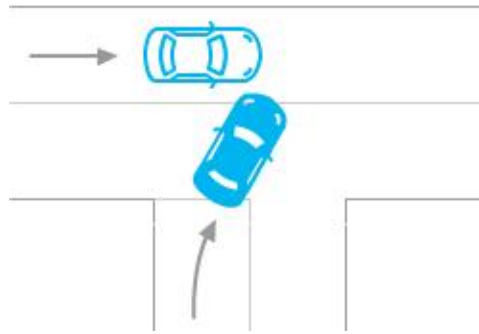
Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NO VIDEO FILE PROVIDED
Was there any audio recorded?	NO

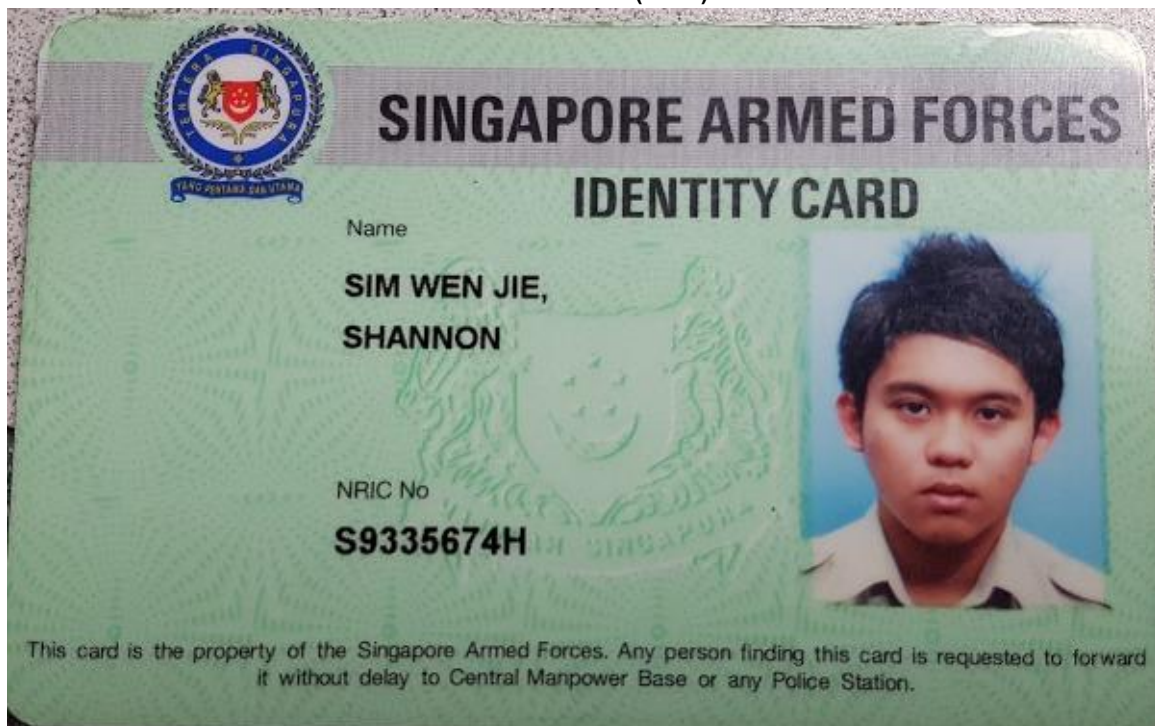
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6614J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	91141533
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

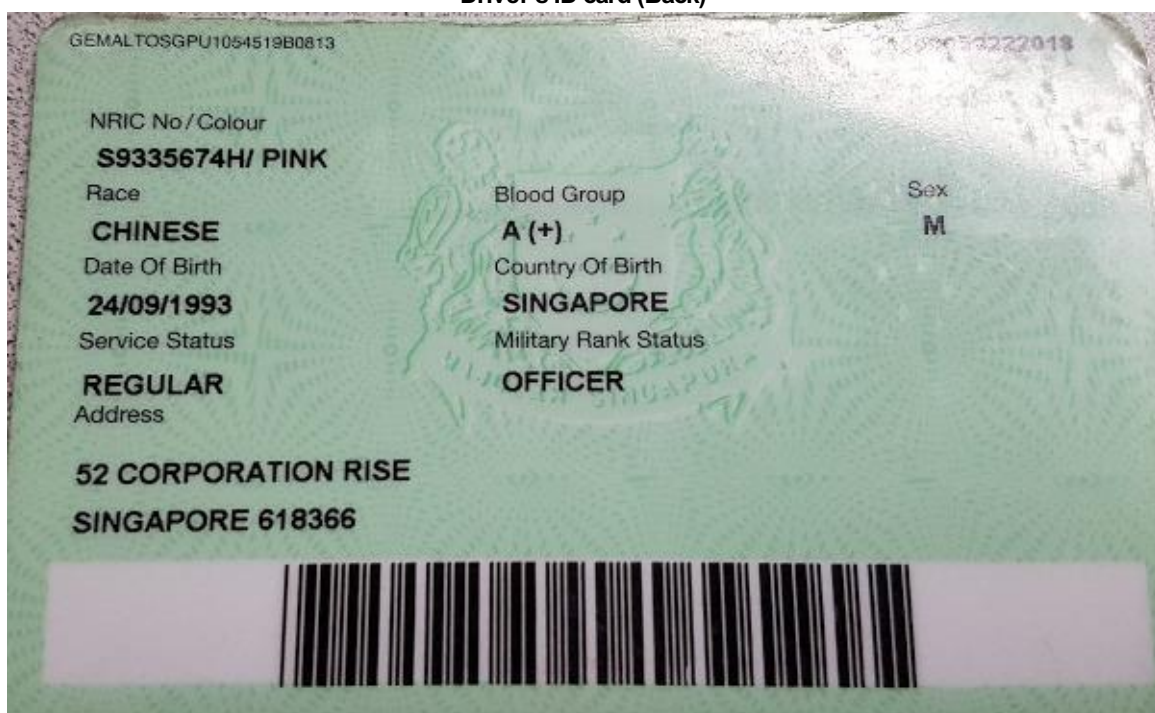
Sketch Plan



Driver's ID card (Front)



Driver's ID card (Back)



Driver's Driving License (Front)



Driver's Driving License (Back)

