

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	31/03/2018 11:49
Date Of Accident	30/03/2018 20:55
Exact Location Of Accident	RIVER VALLEY CL TOWARDS MARTIN RD, BEFORE THE LEFT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDZ6622G
Insured/Policyholder	
Name Of Registered Owner	NG CHEOW POH
NRIC No	S0037217Z
Email Address	ALVIN.NG.SA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96958380
Alternative Phone No	Others-96958380

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER 2.0I-L
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	1700083877
Cover Note Number	

Driver

Name of Driver	ALVIN NG SOON AUN
NRIC No	S8413616F
Date Of Birth	10/05/1984
Occupation	INDOOR
Date Of Driving Pass	12/05/2003
Driving Experience	14 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98158016
Fax Number	
Contact Number	
E-Mail Address	ALVIN.NG.SA@HOTMAIL.COM
Address	6A CLACTON ROAD
Postcode	439404
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : CHIA HOCK LEONG Gender: : Male

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

Collision - Head to Rear (A third party vehicle hit me), #straightroad, Moving out from Stationary/ Parked position & Overtaking to turn into another lane, Blue Car SHC8799R, White Car SDZ6622G I was traveling behind the taxi SHC8799R along River Valley Cl and he turned on his hazards lights and slowed down and was coming to a stop right before the left turn to Muthuraman Chetty Rd to pick up his passengers who were waiting by the main road. Because I was intending to turn left to Muthuraman Chetty Rd, I had to filter right and cut back immediately to turn left into the lane, but the taxi continued inching forward and hit the rear back left bumper of my car.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NO VIDEO FILE ATTACHED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8799R
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Vehicle Make/Model/Colour
Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number 97312251

Address

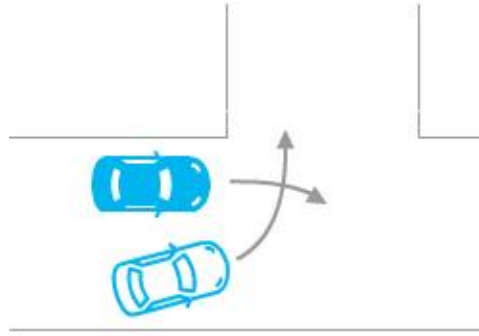
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Driver's Nric (Front)



Driver's Nric (Back)



Driver's Driving License (Front)



Driver's Driving License (Back)

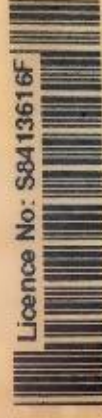
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

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

12 May 2003

NP 428A



Licence No: S8413616F

Accident Photo



Accident Photo



Accident Photo



Accident Photo

