

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	25/04/2018 14:55
Date Of Accident	23/04/2018 18:15
Exact Location Of Accident	BLK 611 BT PANJANG RING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY446Y
Insured/Policyholder	
Name Of Registered Owner	WONG PAK LUE
NRIC No	S0339003I
Email Address	DAVIDWONGPL@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96363084
Alternative Phone No	Others-96363084

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE-2.0 SX (A)
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	
Cover Note Number	

Driver

Name of Driver	WONG PAK LUE
NRIC No	S0339003I
Date Of Birth	15/11/1945
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1964
Driving Experience	53 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96363084
Fax Number	
Contact Number	OTHERS-96363084
E-Mail Address	DAVIDWONGPL@YAHOO.COM.SG
Address	45 HILLVIEW AVENUE #07-02
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - 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 - CROSS JUNCTION
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.	YES
Number of Passengers (Including Driver)	2
Passenger 1	Name: : KONG PEI CHOO 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 ATTACHMENT

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 Witness 1

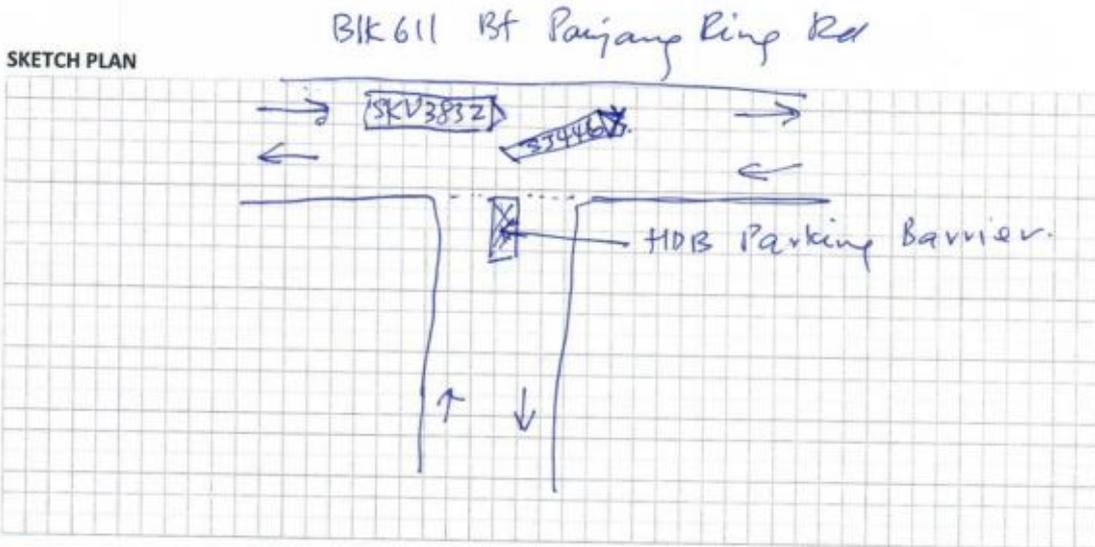
Name	KONG PEI CHOO
Phone Number	90108767
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV383Z
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Vehicle Make/Model/Colour Details Of Properties	BMW
Vehicle Category	PRIVATE CAR
Name of Driver	CELINE CHAN QI BIN
NRIC/Passport Number	S9230872C
Contact Number	91704730
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

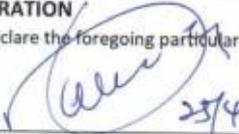
As I approach the HDB barrier I stopped to wait for the barrier to account, then look right + left before turning right. Out of no where vehicle SKV383Z came from my left and two vehicles slight scratch.

my car was scratch on the left hand bonnet and vehicle SKV383Z slight scratch to right bonnet.

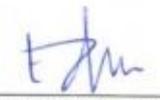
No body-injury.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 25/4/18

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

1) Number of Passengers in Vehicle A (Including driver)? 2

Passenger 1
Name : MS. KONG PEI CHOO
Gender : M / F

Passenger 2
Name : _____
Gender : M / F

Passenger 3
Name : _____
Gender : M / F

Passenger 4
Name : _____
Gender : M / F

Passenger 5
Name : _____
Gender : M / F

Passenger 6
Name : _____
Gender : M / F

Passenger 7
Name : _____
Gender : M / F

Accident Photo



Accident Photo



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