

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	07/05/2018 23:05
Date Of Accident	07/05/2018 20:45
Exact Location Of Accident	TPE/SLE EXIT TOWARD PUNGGOL ROAD. FLYOVER TOWARDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE5094C
Insured/Policyholder	
Name Of Registered Owner	ZHENG JINGXIN
NRIC No	S8630482A
Email Address	TRICIAGOHQY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90175923
Alternative Phone No	Others-91180471

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SPORTBACK 1.4 TFSI (ATTRACTION)
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	2100475993-01
Cover Note Number	

Driver

Name of Driver	TRICIA GOH
NRIC No	S9050908Z
Date Of Birth	19/12/1990
Occupation	INDOOR
Date Of Driving Pass	04/08/2009
Driving Experience	8 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-91180471
Fax Number	
Contact Number	
EEmail Address	TRICIAGOHQY@HOTMAIL.COM
Address	289D PUNGGOL PLACE, PUNGGOL ARCADIA #11-845
Postcode	824289
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	Name: : ZHENG JINGXIN 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

#tjunction Turning Right & Turning Right SLE5094C FBK7585B Car was turning right in own designated lane (permissible right turn). Motorcycle appeared suddenly from the right, speeding and riding on the dotted line in between lanes (i.e. not in a designated lane). Car was hit by the motorcycle on the right, slight swipe.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	INSD DID NOT SUBMIT VIDEO
Was there any audio recorded?	NO

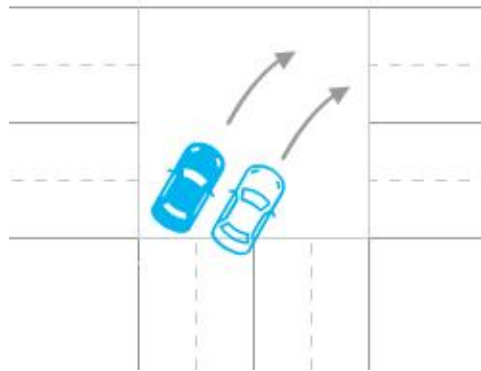
Details of Witness 1

Name	ZHENG JINGXIN
Phone Number	90175923
Email Address	JINGXIN86@HOTMAIL.COM

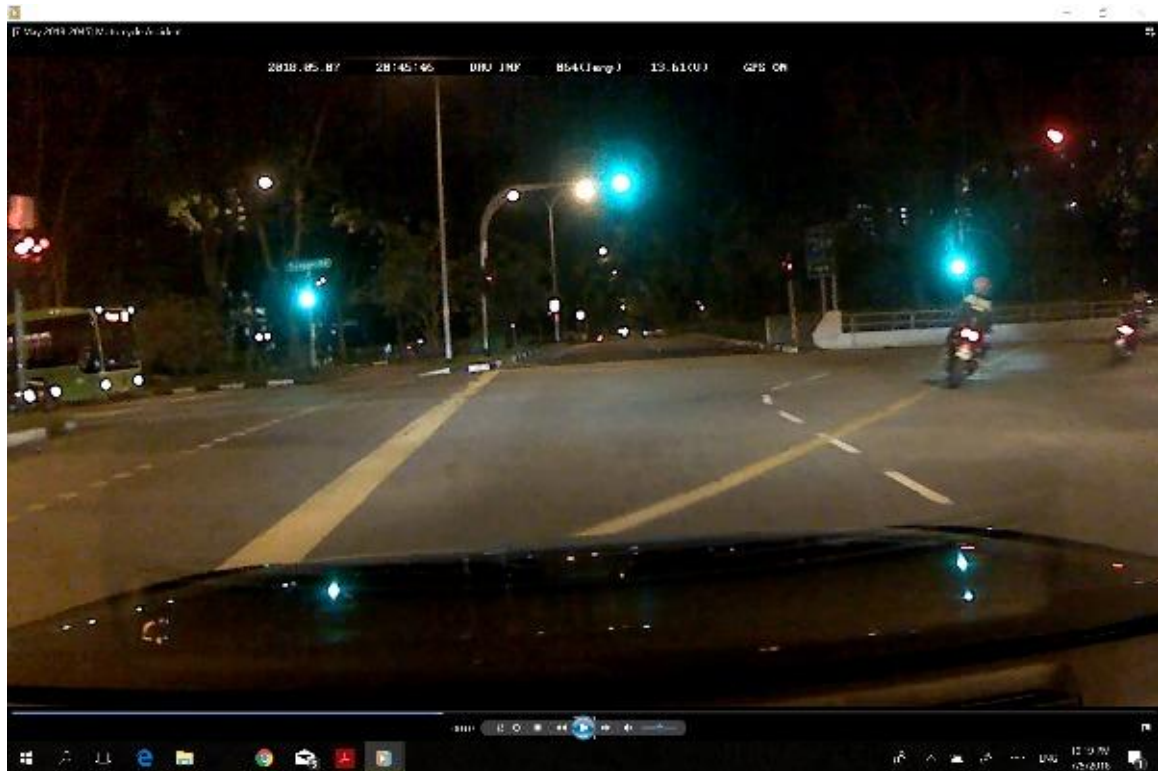
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK7585B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



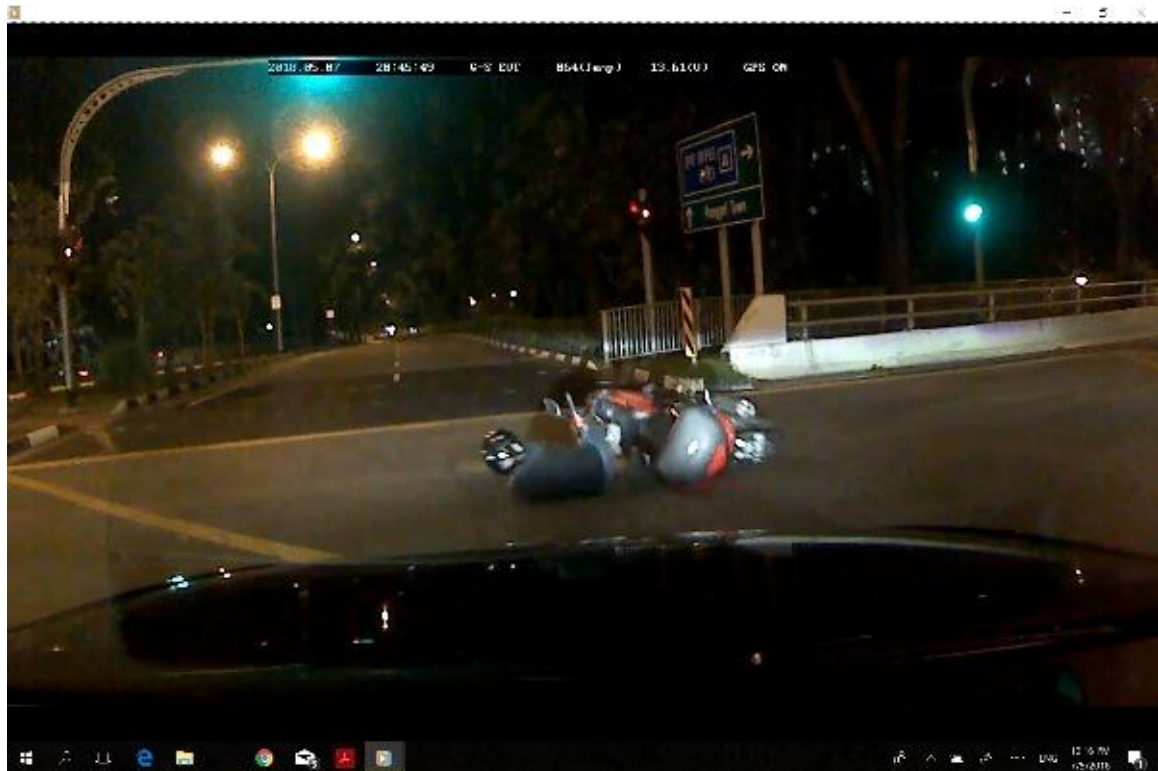
Accident Photo



Accident Photo



Accident Photo



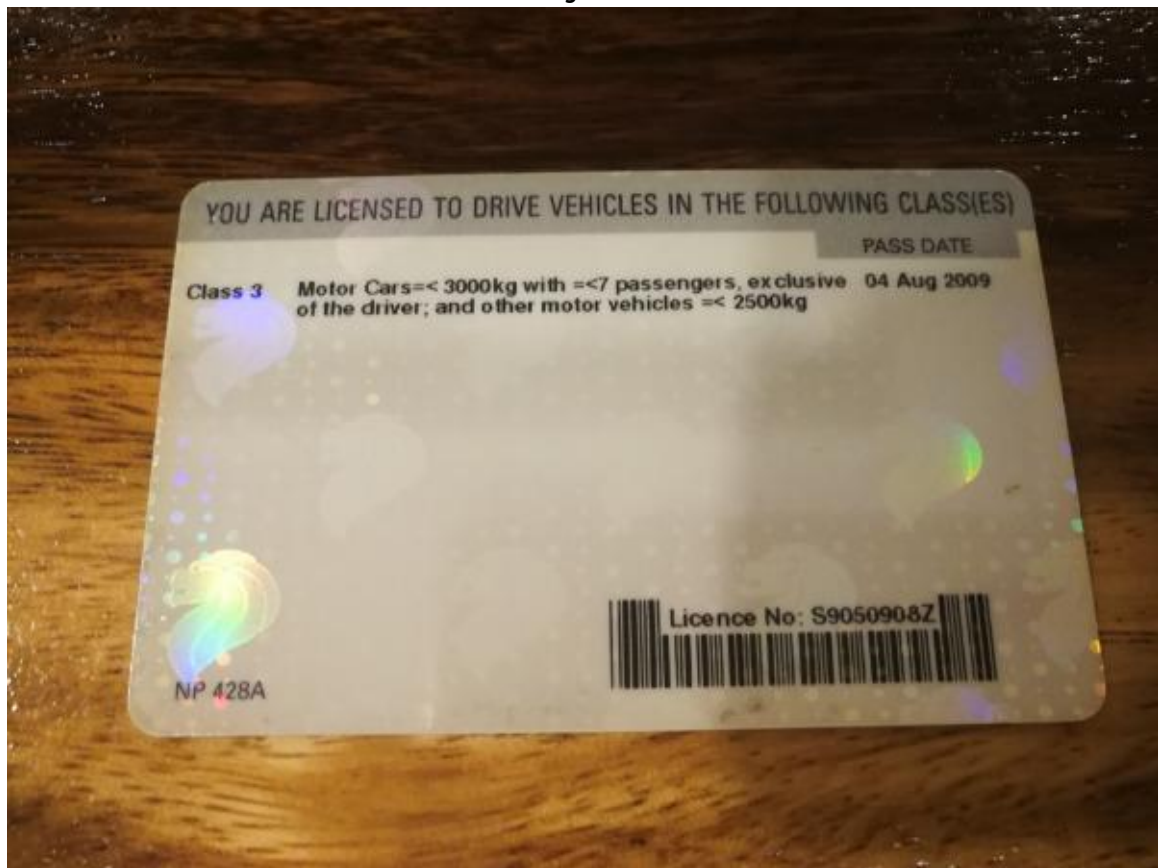
Accident Photo



Driving License



Driving License



Identification Card



Identification Card

