

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	18/05/2018 17:57
Date Of Accident	17/05/2018 15:40
Exact Location Of Accident	UWCSEA DOVER CAMPUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR479P
Insured/Policyholder	
Name Of Registered Owner	LI YAN
NRIC No	S7780758F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97264166
Alternative Phone No	Office-97264166

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0
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	1700009236-01
Cover Note Number	

Driver

Name of Driver	LI YAN
NRIC No	S7780758F
Date Of Birth	24/01/1977
Occupation	INDOOR
Date Of Driving Pass	11/08/2009
Driving Experience	8 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97264166
Fax Number	
Contact Number	OFFICE-97264166
EMail Address	NOEMAIL
Address	20 PINE GROVE CAVENDISH PARK #03-02 SINGAPORE
Postcode	597595
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 - 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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : Yin Ming 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

#straightroad Moving straight & Moving straight Blue Car SJR479P White Car SKC4485L I hit the car in front slightly while we were queuing for the exit. Both of us were driving at a very slow speed. There was a light scratch at the rear of the front car. My car was fine.

Attachment(s)

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

Sketch Plan



Accident Photo



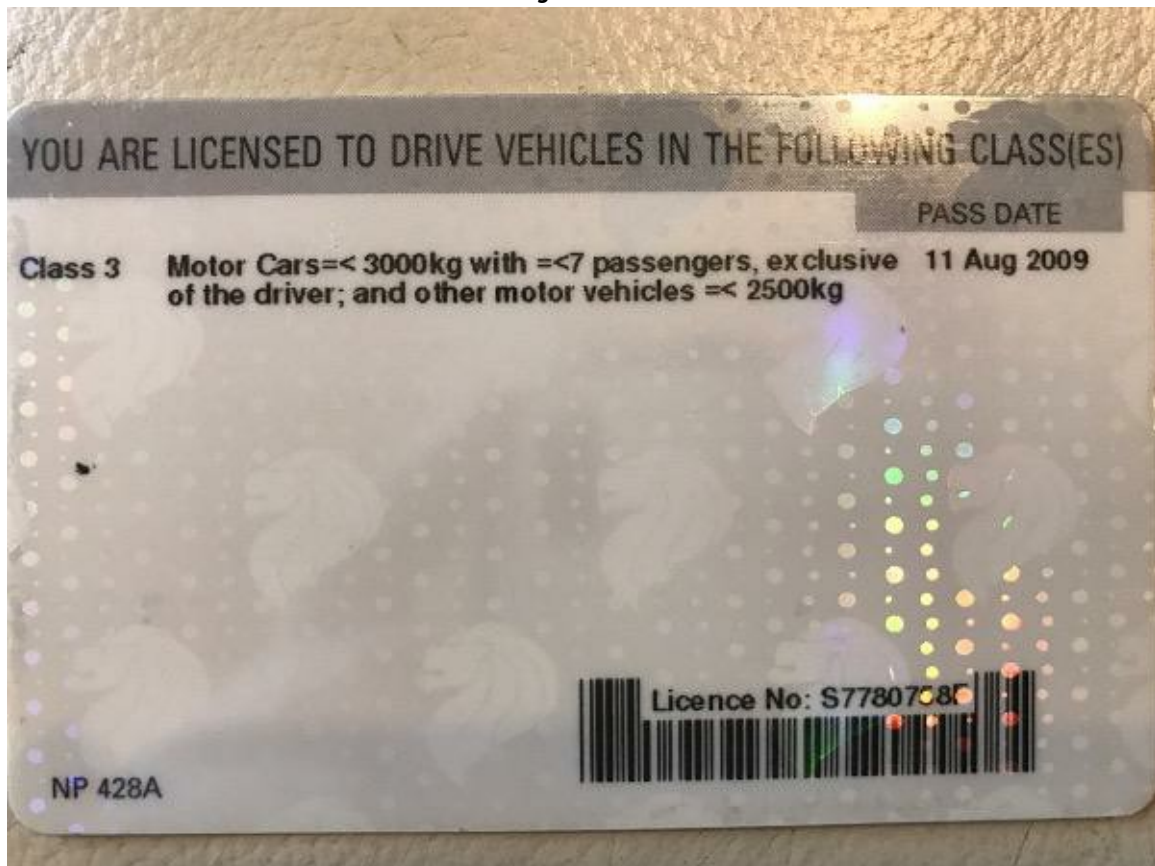
Accident Photo



Driving License Frt



Driving License back



Identification Card Frt



Identification Card Back

