

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	25/05/2018 15:29
Date Of Accident	24/05/2018 21:40
Exact Location Of Accident	ALONG ROAD 1 TRAVELING TOWARD ROAD 2CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBR6776L
Insured/Policyholder	
Name Of Registered Owner	GAN CHER SENG
NRIC No	S1163754Z
Email Address	JUKENGAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96176966
Alternative Phone No	Office-96176966

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ E200 CGI BE
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	2100258848-07
Cover Note Number	

Driver

Name of Driver	GAN JU-KEN
NRIC No	S9207703I
Date Of Birth	28/02/1992
Occupation	INDOOR
Date Of Driving Pass	20/01/2014
Driving Experience	4 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-81180387
Fax Number	
Contact Number	
EMail Address	JUKENGAN@GMAIL.COM
Address	27 DOVER CRESCENT, DOVER GARDENS
Postcode	130027
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?	NO
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	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

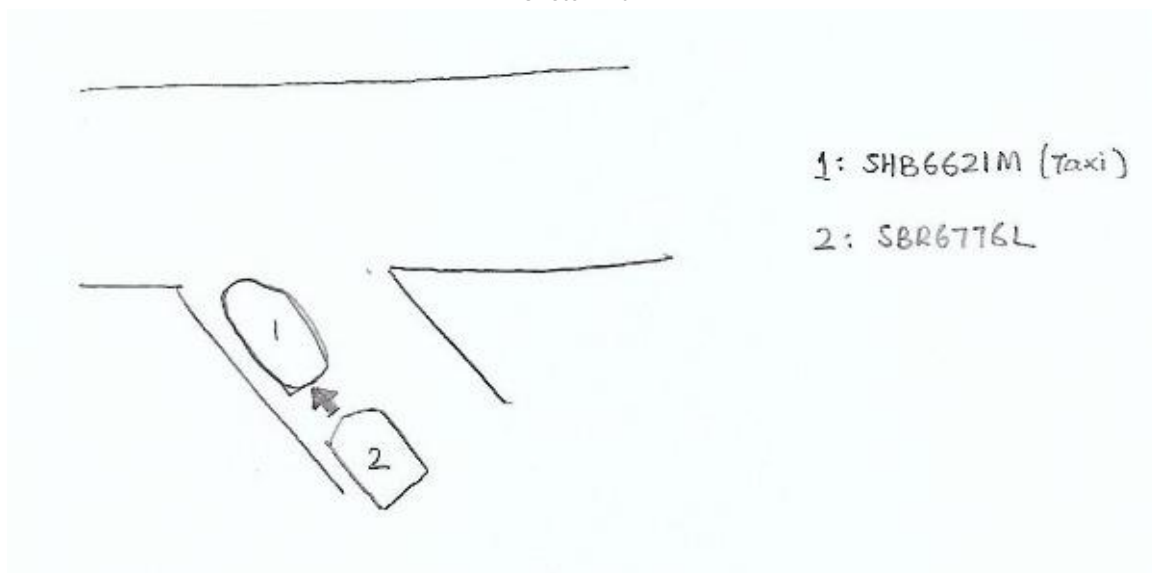
Circumstances of Accident

#others Upload the drawing sketch plan On the 24/05/2018 @ 2140hrs at a/m location I was driving the said vehicle and was making a left turn from the slip road .As I was checking from the other oncoming direction and noticed there is one motorcycle travelling at the second lane and when I turned to look back at the front and I noticed the taxi stopped and immediately I braked hard to try to avoid collision but was too late and collided onto the rear of the said taxi. No one injured and no damage to any government property.

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



Accident Photo



Accident Photo



Driving License Frt



Driving License back



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9027031

NAME GAN JI-REN

Date of Birth 15 JUL 84

Ethnicity CHINESE

Religion BUDDHISM

Identification Card Back

