SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 witholding 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.
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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 20:53
Date Of Accident	25/05/2018 07:20
Exact Location Of Accident	IN FRONT OF 314D ANCHORVALE LINK, SINGAPORE 544314
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU1465H
Insured/Policyholder	
Name Of Registered Owner	LIN XIADONG
NRIC No	S6862811C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92372583
Alternative Phone No	Office-92372583
Vehicle Particulars	
Manufacturer	MAZDA
Model	6 2.0 SKYACTIV
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	1700087622
Cover Note Number	
Driver	
Name of Driver	LIN XIADONG
NRIC No	S6862811C
Date Of Birth	05/11/1968
Occupation	INDOOR

22/06/2005

12 YEARS AND 11 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-92372583

Fax Number

Contact Number

EMail Address NOEMAIL

288A PUNGGOL PLACE Address

#05-801 SINGAPORE

Postcode 821288

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

NO

NO

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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.

Number of Passengers (Including Driver) 2

Passenger 1 : Regina Yeo Name:

> Gender: : Female

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

#others Upload the drawing sketch plan 1: My 1465 car is reversing to the parking bay area of Blk 314D. 2: 1388 car moving forward a little bit when I was reversing car. 4: My car point A1 scratch 1388 car point B; minor scratch. 3: The witness car has capture video that 1388 moved his car when I was reversing.

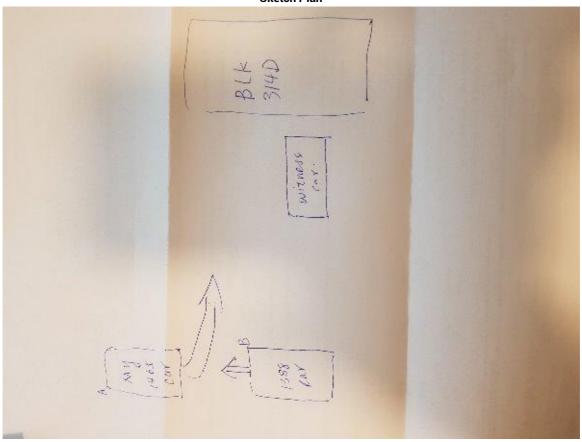
Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

INSD DID NOT PROVIDE VIDEO FOOTAGE Remarks/ Reasons:

Was there any audio recorded? NO

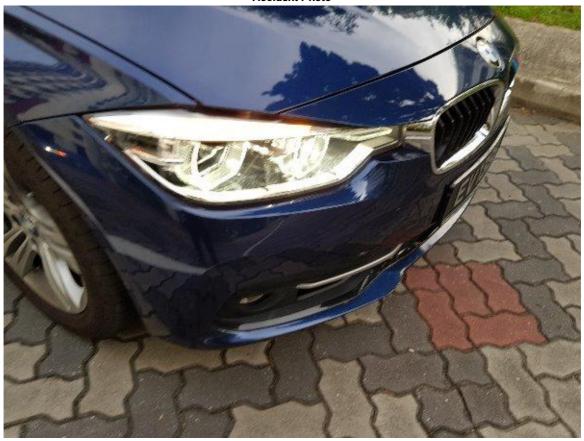
Sketch Plan



Accident Photo



Accident Photo

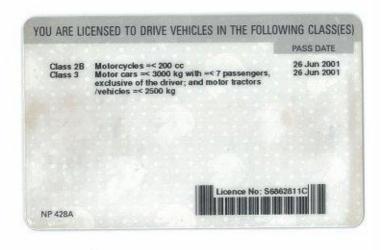


Accident Photo



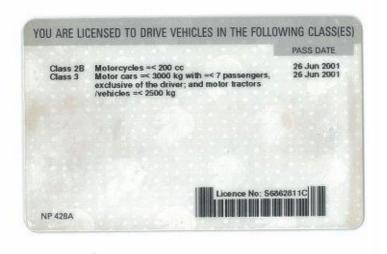
Driving License Frt





Driving License Back





Identification Card Frt



Identification Card Back

