

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 | 30/05/2018 15:15 |
| Date Of Accident | 29/05/2018 16:00 |
| Exact Location Of Accident | BUYONG ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLB4947P |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN SOK CHOO |
| NRIC No | S1851043Z |
| Email Address | LEEYS.GIBSON@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97973098 |
| Alternative Phone No | Others-97621092 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | NISSAN |
| Model | QASHQAI 1.2 DIG-TURBO |
| 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 | 2100460659-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | GIBSON LEE YEE SHIEN |
| NRIC No | S9229228B |
| Date Of Birth | 17/08/1992 |
| Occupation | INDOOR |
| Date Of Driving Pass | 12/08/2016 |
| Driving Experience | 1 YEAR AND 9 MONTHS |

| | |
|---|-------------------------------------|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81381102 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | LEEYS.GIBSON@GMAIL.COM |
| Address | 27 BALAM ROAD, BALAM GARDENS #14-31 |
| Postcode | 370027 |
| 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 - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR |
| Road Surface | WET |

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? | NO |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | Name: : YEAP XIN YING 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? | |

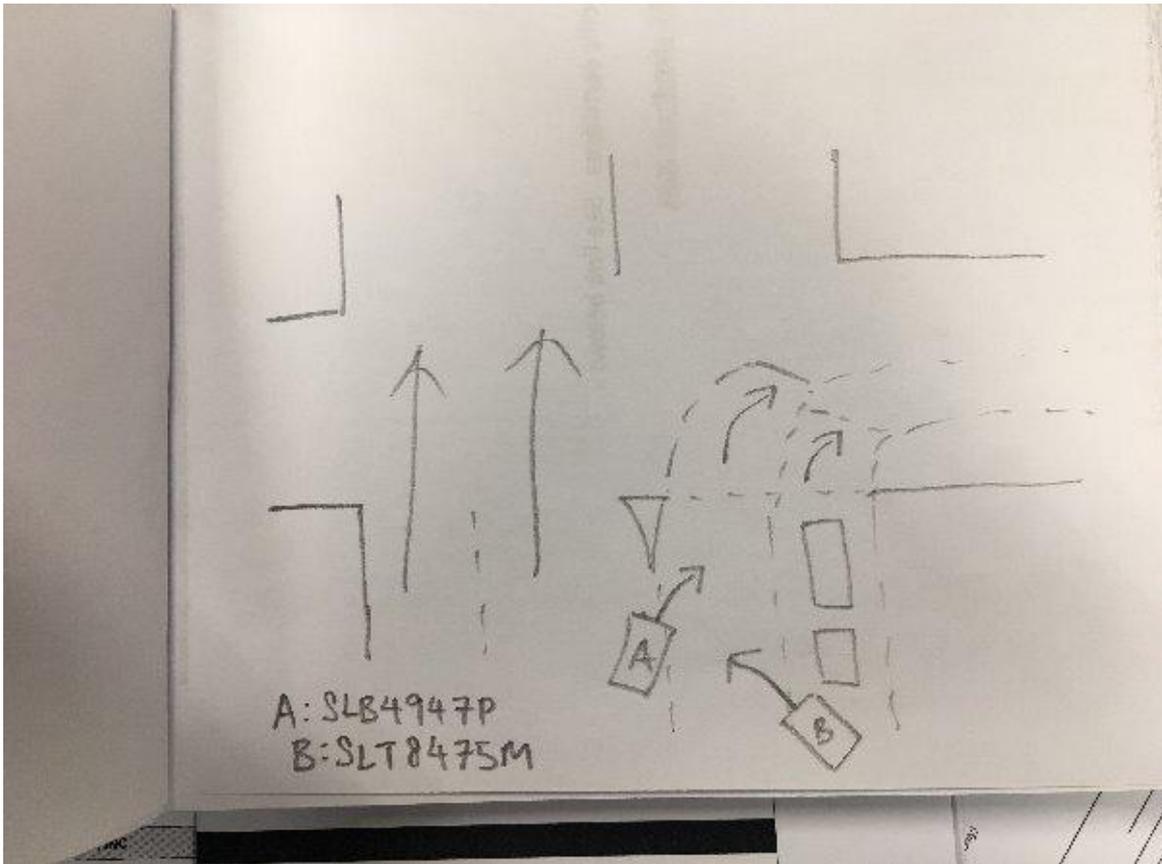
Circumstances of Accident

#others Upload the drawing sketch plan I was signaling to enter lane 2 to turn right while SLT8475M swerved out and collided into my front ride door. I was not clear on his intention to change lane. Only his bumper was affected by scratches.

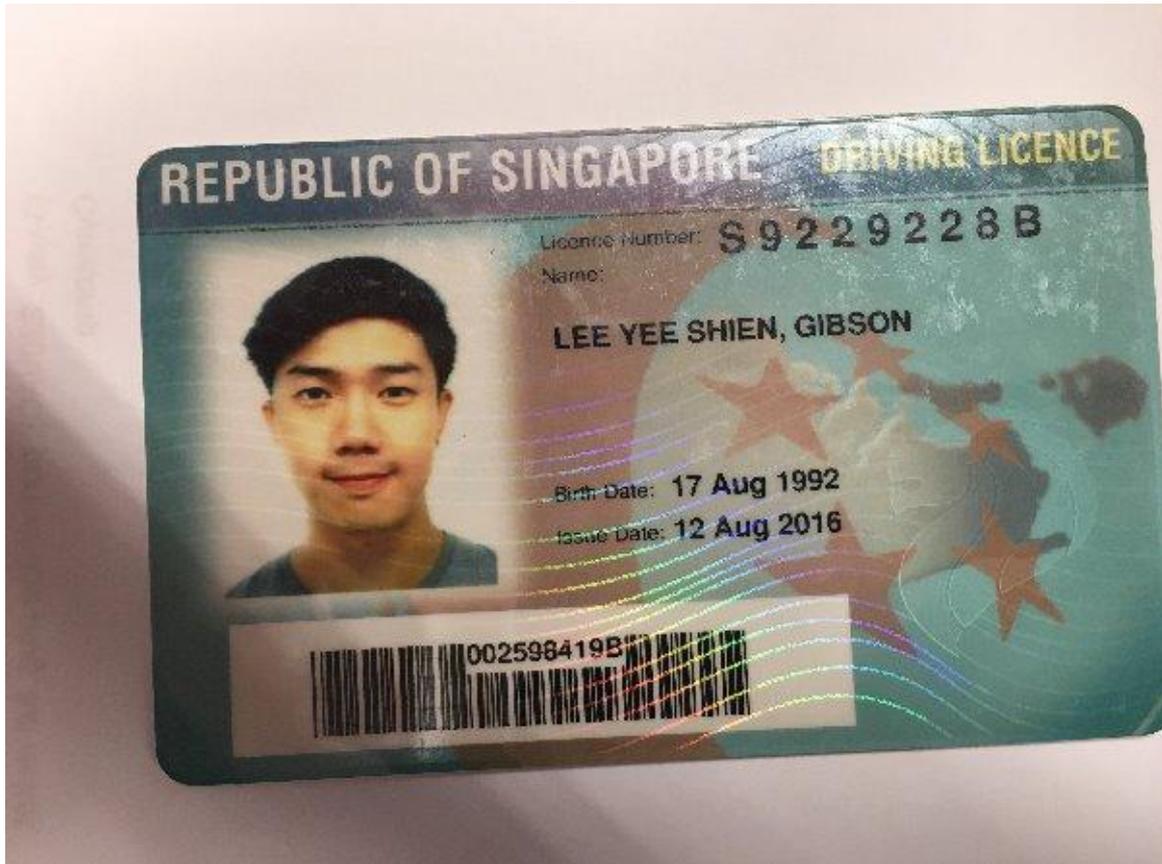
Attachment(s)

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

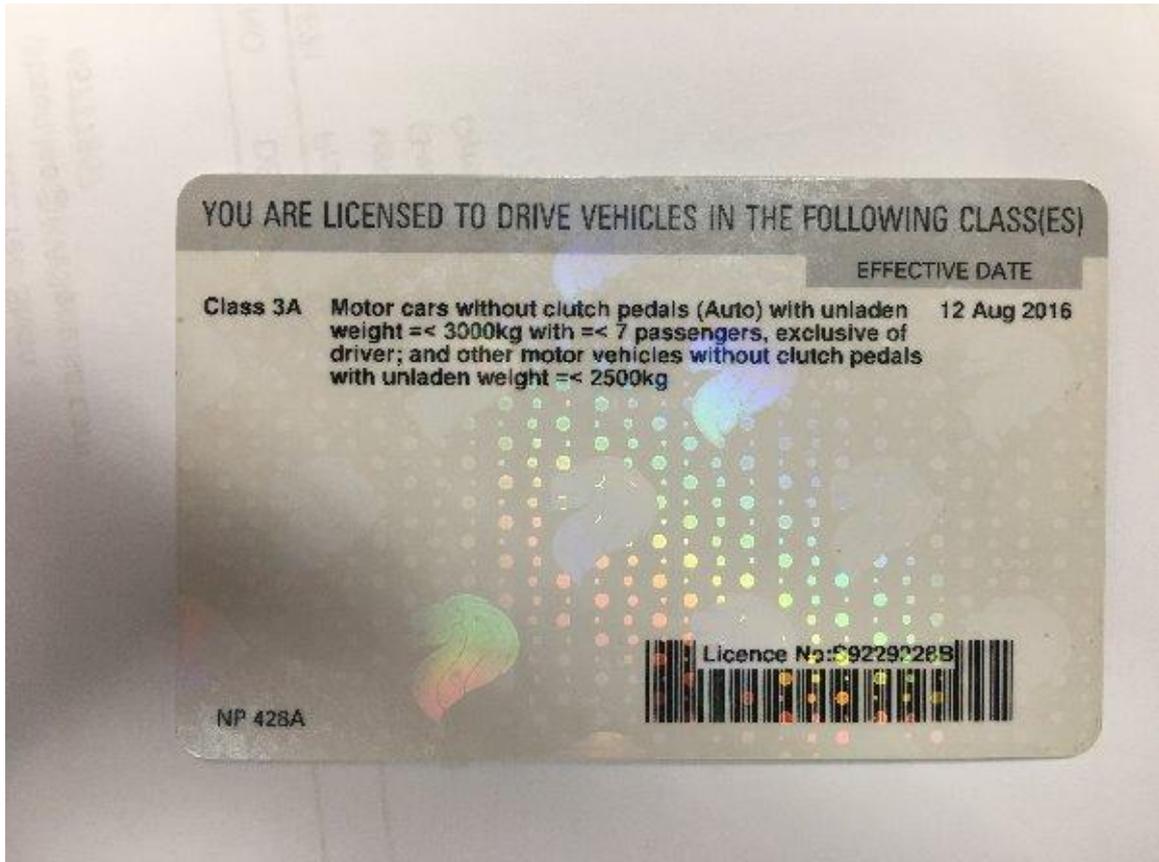
Sketch Plan



Driving License



Driving License



Identification Card



Identification Card



4087243



NRIC No. S9229228B



Date of Issue
18-08-2007

Address

APT BLK 27 BALAM ROAD
#14-31
SINGAPORE 370027

Accident Photo



Accident Photo



Accident Photo



Accident Photo

