

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	02/06/2018 11:17
Date Of Accident	01/06/2018 17:00
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPOT, AROUND THOMSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKB3442Y

Insured/Policyholder

Name Of Registered Owner FERNANDEZ CORDELIA AUDREY MRS CORDELIA FERNANDEZ L
NRIC No S6911021E
Email Address CORDELIA.FERNANDEZ@GMAIL.COM
Mobile Phone No (LOCAL) +65-97469190
Alternative Phone No Office-97469190

Vehicle Particulars

Manufacturer HYUNDAI
Model I 30
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 2100411334-03
Cover Note Number

Driver

Name of Driver FERNANDEZ CORDELIA AUDREY MRS CORDELIA FERNANDEZ L
NRIC No S6911021E
Date Of Birth 23/03/1969
Occupation INDOOR
Date Of Driving Pass 06/03/2003
Driving Experience 15 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97469190
Fax Number	
Contact Number	
EMail Address	CORDELIA.FERNANDEZ@GMAIL.COM
Address	BLK 135 SIMEI STREET 1 #04-52 SINGAPORE
Postcode	520135
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?	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)	1

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

Collision - Head to Rear (A third party vehicle hit me), #chaincollision, Chain Collision. This image is for illustration purpose only. In the description of the accident scenario I was travelling along PIE towards Changi around Thomson in Lane 1. The taxi in front of me slowed down because of traffic and I slowed down as well causing my car to get pushed forward to hit Vehicle 1 (SHB4267R).

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH8283A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number
Contact Number 97883378
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

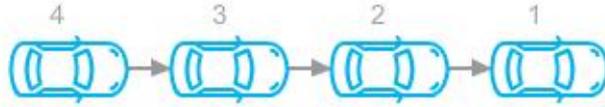
DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB4267R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SFR6293R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan



Insd's Nric (Front)



Insd's Nric (Back)



Insd's Driving License (Front)



Insd's Driving License (Back)



Attachment 1

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IMPORTANT NOTICE

1. Please report accurately the details of the incident to assist in the claims process.
2. This form must be completed by the Policyholder and/or the Registered Driver.
3. Information provided must be as **correct and accurate** as possible. Any other information or inclusion of material facts may allow us to void or compromise our policy ability.
4. The facts and circumstances of the Form by insurance companies is not an admission of policy liability by either of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the National of the Road Record Management Centre established by the General Insurance Association of Singapore (GIAS) for processing and the copies of this report will be sent to the relevant insurance companies for reference.
7. By the submission of this report to the insurers, you hereby consent to the availability of this report to the relevant and to copies of the report being available to all relevant parties.

ACCIDENT STATEMENT

Date Of Report: 01/08/2018 17:40
 Date Of Accident: 01/08/2018 17:00
 Exact Location Of Accident: PIE TWOS CHANGI NEAR THORNDEN EXIT
 Country/State Of Loss: SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SKJ342Y
 Insured/Policyholder:
 Name Of Registered Owner: FERNANDEZ CORDELIA AUDREY MRS CORDELIA FERNANDEZ L
 NRIC No: 98911021E
 Email Address: NOEMAIL
 Mobile Phone No: (LOCAL) 985-87460190
 Alternative Phone No: OFFICE-87460190

Vehicle Particulars

Manufacturer: HYUNDAI
 Model: I30 (FD) 1.6 AUTO ABS AIRBAG TR 2WD GSR
 Load Capacity (by which vehicle was being used at time of accident): PRIVATE USE

Are you claiming under your own insurance policy for repair to your vehicle? NO
 If No, Please state action to be taken: THIRD PARTY
 Vehicle Category: PRIVATE CAR

Insurance Company

Name of Insurance Company: NG ASIA PACIFIC INSURANCE PTE. LTD.
 Type Of Coverage: COMPREHENSIVE
 Fleet Policy: NO
 Policy Number: 21004103M-03
 Cover Note Number:

Driver

Name of Driver: FERNANDEZ CORDELIA AUDREY MRS CORDELIA FERNANDEZ L
 NRIC No: 98911021E
 Date Of Birth: 23/03/1988
 Occupation: INDOOR
 Date Of Driving Pass: 04/03/1999
 Driving Experience: 20 YEARS AND 2 MONTHS
 Gender: FEMALE
 Mobile Number: (LOCAL) 985-87460190
 Fax Number:
 Contact Number: OFFICE-87460190
 Email Address: NOEMAIL

Attachment 2

Address:	100 135 SIMS ST 1 RM 02
Province:	NS0135
Was driver an employee of the Insured's Company?	NO
If Yes, 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:	CHAIN COLLISION
Weather Conditions:	CLEAR
Road Surface:	DRY
Other Information	
Was any foreign vehicle involved in the accident?	NO
Number of vehicles involved in the accident:	
Was any body injured at the Accident?	NO
Was any person conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/pressing accident claim assistance.	NO
Number of Passengers (including Driver):	1
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	
I WAS TRAVELLING ALONG PE TWIG CHANGI BEFORE THOMSON EXIT ON THE FIRST LANE. WHEN I NOTICED THE JAW IMPUNT OF ME SLOW DOWN, AS SUCH I FOLLOW TO SLOW DOWN MY VEH. ALL OF A SUDDEN, I FELT AN IMACT FROM BEHIND. DUE TO THE IMACT MY VEH BEEN PUSH FORWARD HIT ONTO THE TAXI. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 4 CAR CHAIN COLLISION ACCIDENT. VEH B (BEARING NO R31303DA) HIT FROM BEHIND HIT ONTO MY VEH REAR PURSION.	
Attachments	
Are accident photos available for attachment?	YES
Was there any video obtained by Car Camera?	NO
Was there any audio recorded?	NO
DETAILS OF OTHER VEHICLE PROPERTY 1	
Vehicle Registration Number:	SK08233A
Vehicle Make/Model/Colour:	
Details Of Property:	
Vehicle Category:	PRIVATE CAR
Name of Driver:	HARRY
NRIC/Passport Number:	
Control Number:	W3D3378
Address:	
Province:	
Insurance Company Name:	
Nature Of Damage:	
No. Of Passenger (Including Driver):	

Attachment 3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number: EH34257R
Vehicle Make/Make/Colour:
Details Of Property:
Vehicle Category: TAXI
Name of Driver: KR NG
NRIC/Passport Number:
Contact Number: 96311367
Address:
Postcode:
Insurer/Company Name:
Nature Of Damage:
No. Of Passenger (including Driver):

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number: S116280K
Vehicle Make/Make/Colour:
Details Of Property:
Vehicle Category: PRIVATE CAR
Name of Driver: MATT-EV
NRIC/Passport Number:
Contact Number: 91165088
Address:
Postcode:
Insurer/Company Name:
Nature Of Damage:
No. Of Passenger (including Driver):

Attachment 4

SKETCH PLAN



A = SKB 3442 Y
B = SKH 8283 A
C = SHB 4267 R
D = SFR 6293 R

PTE. FORDS GANG: Near Houson East

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]
Deponent's Signature
Date & Time:

[Signature]
Date & Time

[Signature]
Date & Time

Accident Photo



Accident Photo



Accident Photo



Accident Photo

