

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 11:58
Date Of Accident	07/04/2018 13:00
Exact Location Of Accident	ROAD JUNCTION AT TRAFFIC LIGHT AROUND BRADDELL / A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP3803C
Insured/Policyholder	
Name Of Registered Owner	NGIAM HAI PENG
NRIC No	S1297460D
Email Address	NICKNJH1311@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98235944
Alternative Phone No	Office-92326757

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	1700092851
Cover Note Number	

Driver

Name of Driver	NGIAM JINGHAO NICHOLAS
NRIC No	S9242256I
Date Of Birth	13/11/1992
Occupation	INDOOR
Date Of Driving Pass	11/10/2011
Driving Experience	6 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-92326757
Fax Number	
Contact Number	
E-Mail Address	NICKNJH1311@HOTMAIL.COM
Address	16 BALMORAL ROAD, GOODWOOD GRAND
Postcode	259802
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?	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)	2
Passenger 1	Name: : Liu Ren Wei Gender: : Male

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 (I hit a third party vehicle), #straightroad, Moving straight & Moving straight, Blue Car SJP3803C, White Car SHB225C "SBH225C was near stationary at a traffic light. My car SJP3803C moved forward and collided with SBH225C. Damage seemed maintain sustained by SJP3803C. No parties injured during the event."

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBH225C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

97493570

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



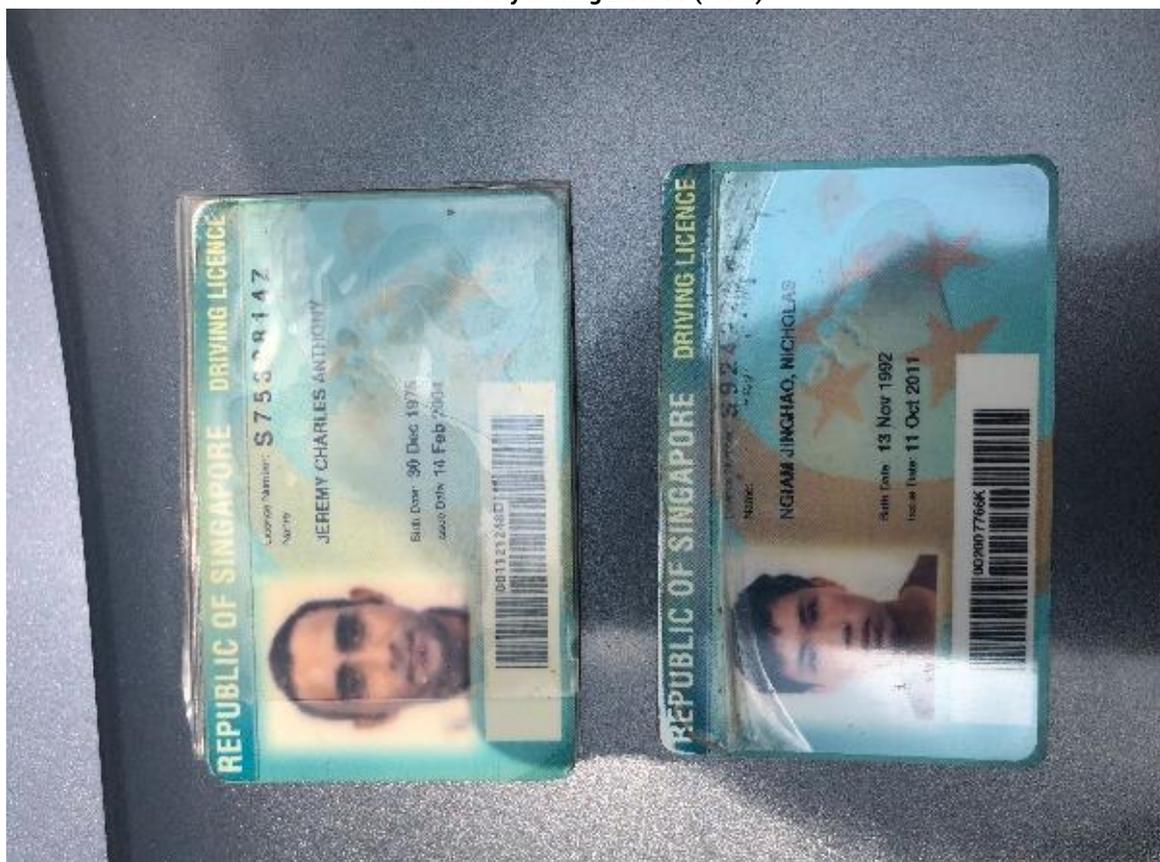
Insd's Nric (Front)



Insd's Nric (Back)



Third Party Driving License (Front)



Third Party Driving License (Back)



Accident Photo



Accident Photo

