

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 22:45
Date Of Accident	25/05/2018 01:15
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU3001A
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Insured/Policyholder

Name Of Registered Owner	SOON KA HUI DEBBIE (SUN JIAHUI DEBBIE)
NRIC No	S8302358I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90626129
Alternative Phone No	Office-90626129

Vehicle Particulars

Manufacturer	VOLVO
Model	V40 T2
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	1700084145
Cover Note Number	

Driver

Name of Driver	SOON KA HUI DEBBIE
NRIC No	S8302358I
Date Of Birth	16/01/1983
Occupation	INDOOR
Date Of Driving Pass	17/03/2014
Driving Experience	4 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-90626129
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	900 DUNEARN ROAD BLOSSOMVALE, THE #08-16 SINGAPORE
Postcode	589473
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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

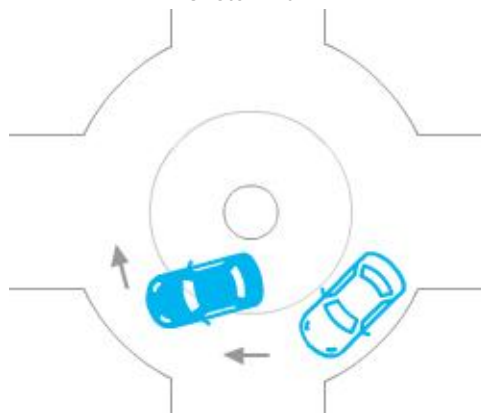
Circumstances of Accident

#roundabout Changing Lane & Moving along Blue Car SLU3001A White Car SLW1295X I was behind the other car and we were both stationary in the roundabout waiting to move. Both our cars then started moving and I wanted to change lane to the left. As I moved to effect the lane change

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	INDS DID NOT PROVIDE VIDEO FOOTAGE
Was there any audio recorded?	NO

Sketch Plan



Accident Photo



Accident Photo



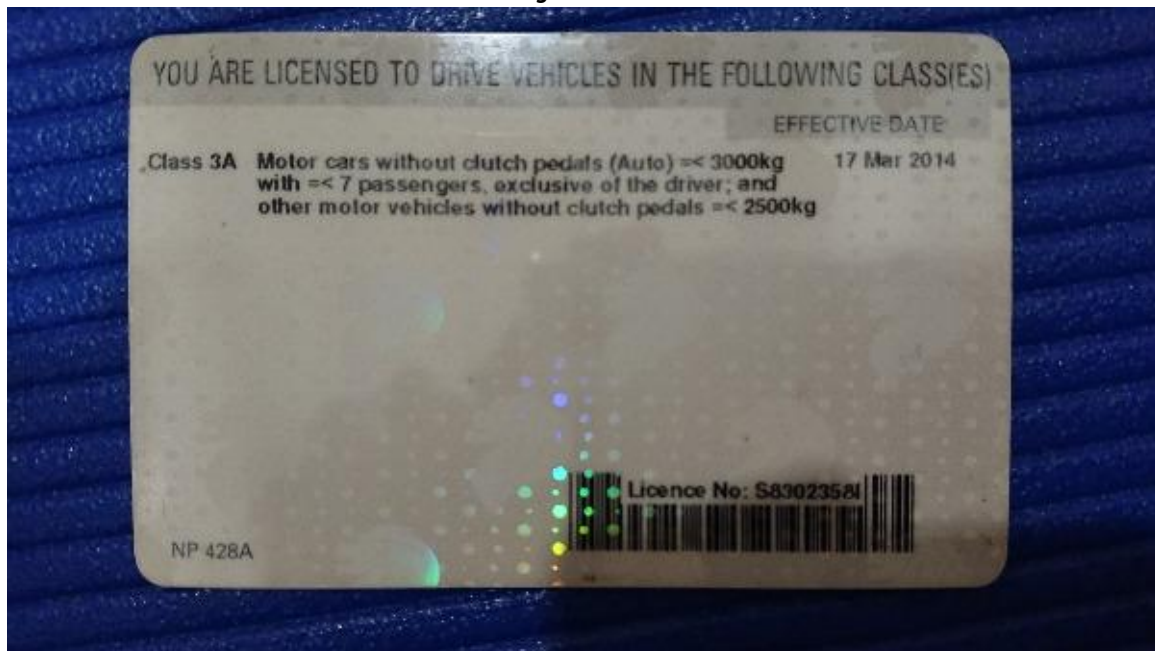
Accident Photo



Driving License Frt



Driving License Back



Identification Card Frt



Identification Card Back

