

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	04/06/2018 14:45
Date Of Accident	21/04/2018 17:45
Exact Location Of Accident	ALONG ROAD 1 LOYANG AVENUE BEFORE LET TURN TO PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW6961E
Insured/Policyholder	
Name Of Registered Owner	LEUNG SIU CHUN
NRIC No	S2222815C
Email Address	KOOFK123@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-90117584
Alternative Phone No	Office-64549015

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ C200K
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	0100674953-11
Cover Note Number	

Driver

Name of Driver	LEUNG SIU CHUN
NRIC No	S2222815C
Date Of Birth	29/06/1952
Occupation	INDOOR
Date Of Driving Pass	03/12/2011
Driving Experience	6 YEARS AND 4 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-90117584
Fax Number	
Contact Number	OFFICE-64549015
E-Mail Address	KOOFK123@SINGNET.COM.SG
Address	200 LOYANG AVE #03-05 SINGAPORE
Postcode	508905
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)	2
Passenger 1	Name: : KOO FOON TONG 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 (A third party vehicle hit me), #yJunction, Moving along a Straight Lane trying to turn into the Side Road & Moving on a Turning Lane into the Side Road, Blue Car SKN4434B, White Car SCW6961E. 21 Apr 2018 5:45pm I was driving along Loyang Avenue from my home, As a result of the above I had to make a police report as well and went to the Police station at Pasir Ris Drive 4 to report the incident on 22 Apr 2018.

Attachment(s)

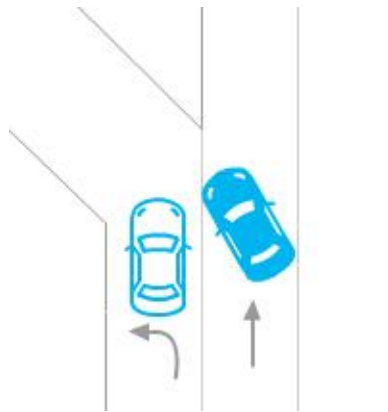
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN4434B
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97738800
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)



Accident Photo

