

AIG VS FIRST CAPITAL

DIRECT / OUT

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	18/06/2018 09:27
Date Of Accident	17/06/2018 12:15
Exact Location Of Accident	SCOTTS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV600U
Insured/Policyholder	
Name Of Registered Owner	TAN MING WOEI
NRIC No	S7937134C
Email Address	M_WTAN79@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92299255
Alternative Phone No	OTHERS-93262404

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.4 R-LINE 110 (DSG)
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	THIRD PARTY
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	1800063860
Cover Note Number	

Driver

Name of Driver	PEK CAI SHUN SAMUEL
NRIC No	S9344319E
Date Of Birth	24/11/1993
Occupation	INDOOR
Date Of Driving Pass	23/07/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93262404
Fax Number	
Contact Number	
EMail Address	IAMSAMUEL@GMAIL.COM

Address	619 JURONG WEST STREET 65 #02-438
Postcode	640619
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - STAFF OF INSURED
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: : SOH HWEE JING
	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

Refer to sketch plan.

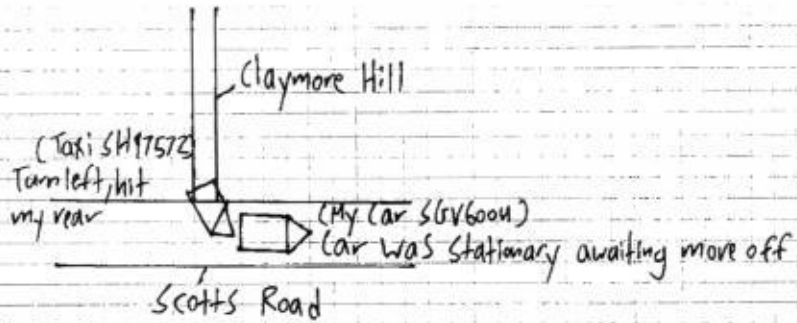
Attachment(s)

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	SH9757Z
Vehicle Make/Model/Colour	BLUE TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	84887226
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/06/18 at about 12.15pm, my car S6V6004 was stationary awaiting to move off along Scotts Road when a taxi ~~from~~ SH97572 turned out from claymore hill and hit me at my rear. The driver came down and admitted it's his fault.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

18 JUN 2018

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