

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	25/06/2018 13:05
Date Of Accident	23/06/2018 19:50
Exact Location Of Accident	PIE TOWARDS TUAS - STEVENS ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9507P
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Insured/Policyholder

Name Of Registered Owner	TAN BOON LENG KENNETH
NRIC No	S1628031C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97523300
Alternative Phone No	Office-64976162

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6A EXCLUSIVE
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	2100110450-09
Cover Note Number	

Driver

Name of Driver	TAN BOON LENG KENNETH
NRIC No	S1628031C
Date Of Birth	22/10/1964
Occupation	INDOOR
Date Of Driving Pass	10/01/2003
Driving Experience	15 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97523300
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 143 TOA PAYOH LORONG 2 #16-186 SINGAPORE
Postcode	310143
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

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)	2
Passenger 1	Name: : Choy Lai Leng 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

#straightroad Moving straight & Moving straight Blue Car SJL9507P White Car SKE4355T Both vehicles travelling along PIE towards Tuas just passed Stevens Road exit. SKE4355T decided to filter left to Stevens Road ; at this point SKE4355T already has driven past the Stevens Road filter lane. SKE4355T applied brakes suddenly and attempted to filter left. SJL9507P was following behind and tried to apply emergency brakes and swerve to the right to avoid a collision but was unsuccessful.

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

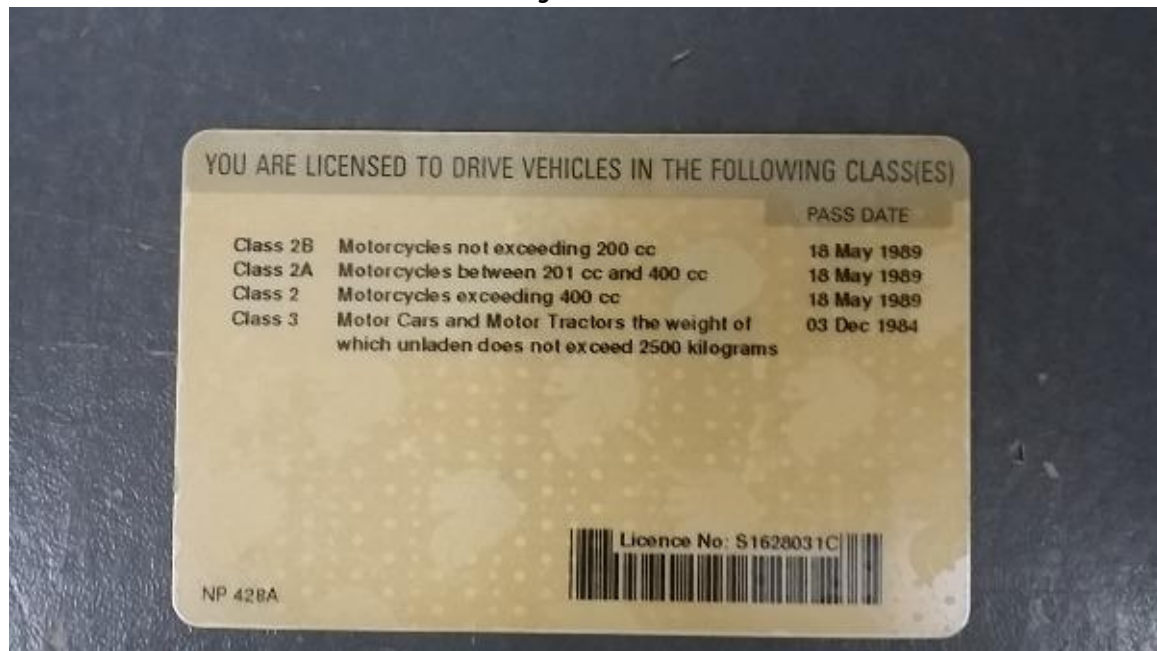
Sketch Plan



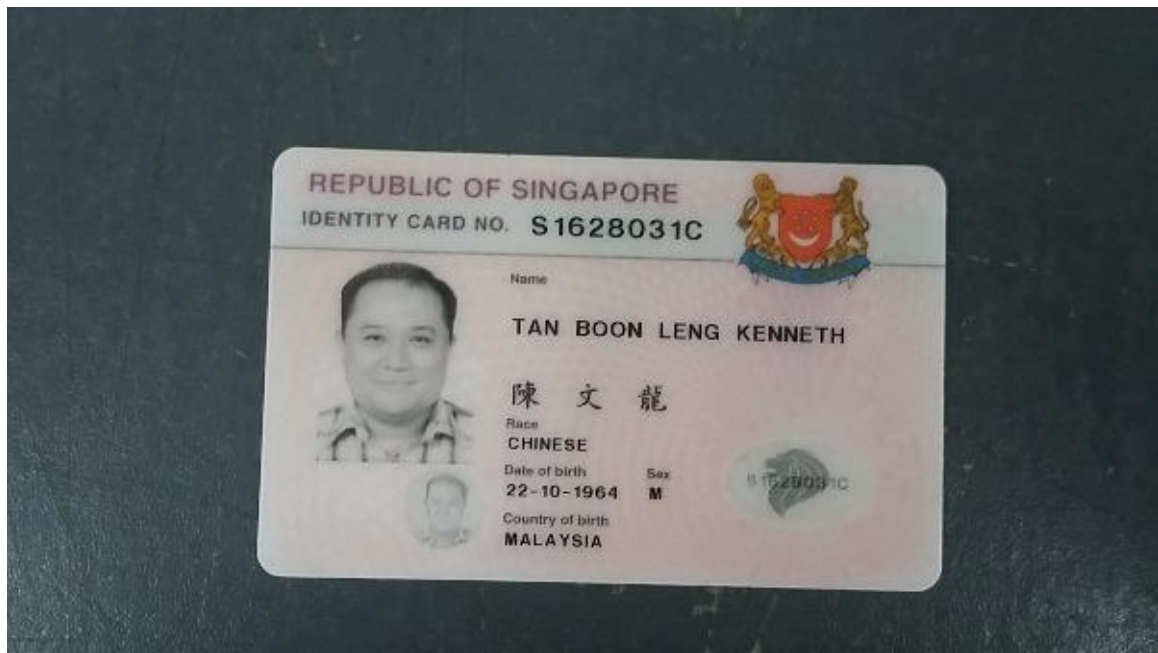
Driving License Frt



Driving License Back



Identification Card Frt



Identification Card back

