Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 16/07/2018 09:38

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass
Driving Experience

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	14/07/2018 01:14
Date Of Accident	12/07/2018 14:15
Exact Location Of Accident	BUKIT TIMAH(JUST AFTER CORONATION PLAZA) UTURN TO
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU567M
Insured/Policyholder	
Name Of Registered Owner	CHOE PENG MENG
NRIC No	S6841373G
Email Address	COLIN.CHOE25@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97110313
Alternative Phone No	Others-97110313
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	BENZ S350L 3.5 [SEDAN]
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	2100462024-02
Cover Note Number	
Driver	
Name of Driver	CHOE PENG MENG
NRIC No	S6841373G
Date Of Birth	25/11/1968
Occupation	INDOOR
p	

07/06/2003

15 YEARS AND 1 MONTH

Gender **MALE**

(LOCAL) +65-97110313 Mobile Number

Fax Number

Contact Number

EMail Address COLIN.CHOE25@GMAIL.COM

1 FARRER ROAD Address

#11-06 SINGAPORE

Postcode 268817 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

NO

NO

2

NO

General Information of the Accident

Type Of Accident **COLLISION - U-TURN**

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? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name:

> Gender: : Female

: Pearl Ong

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

#others, Upload the drawing sketch plan, Both cars making uturn at bukit timah road towards Dunnearn road. Both cars were stationary and I saw car infront of me moving off when there was no traffic so my car SGU567M moved as well but the car infront jammed brake and I braked as well but my car hit the car lightly. Only my front car plate right side corner had a small crack and the car infront back bumper had a tiny scratch.

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

SLJ1610M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

93393347

PRIVATE CAR

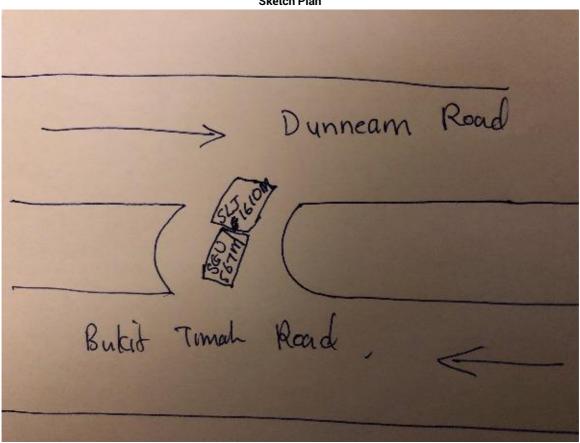
Address Postcode

Insurance Company Name

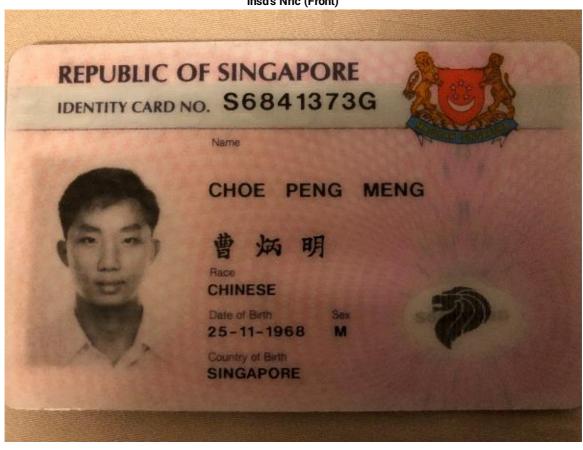
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



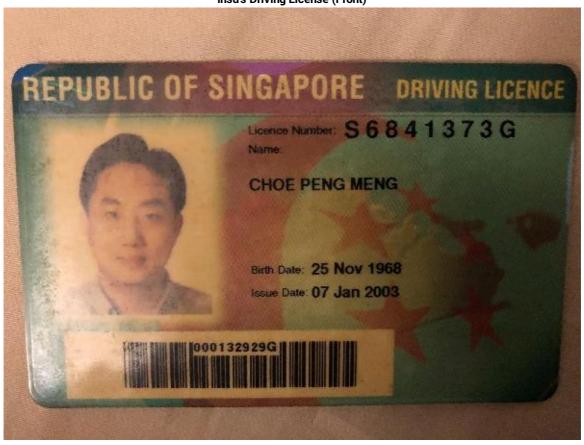
Insd's Nric (Front)



Insd's Nric (Back)



Insd's Driving License (Front)



Insd's Driving License (Back)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

25 Oct 1988

NP 428A



Accident Photo



Accident Photo



Accident Photo

