

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	19/07/2018 23:59
Date Of Accident	19/07/2018 19:05
Exact Location Of Accident	CHURCH STREET, AFTER CITIBANK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
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Vehicle Registration Number	SFM8300S
Insured/Policyholder	
Name Of Registered Owner	LOW SWEE TIENG (LIU RUIDING)
NRIC No	S7623693C
Email Address	KAHHAO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96904423
Alternative Phone No	Others-98349988

Vehicle Particulars	
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Manufacturer	BMW
Model	630CI
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	
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Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100420254-02
Cover Note Number	

Driver	
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Name of Driver	LIM EDDIE
NRIC No	S7521933D
Date Of Birth	04/07/1975
Occupation	INDOOR
Date Of Driving Pass	04/04/1996
Driving Experience	22 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98349988
Fax Number	
Contact Number	
EMail Address	KAHHAO@GMAIL.COM
Address	65 ALMOND CRESCENT
Postcode	677819
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	SJR2733S
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Insurance Company of Driver's Own Vehicle	NTUC Income Insurance Co-operative Ltd
	-
	-

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?	YES
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

Collision - Head to Rear (I hit a third party vehicle), #straightroad, Moving straight & Moving straight, Blue Car SFM8300S, White Car SKT7455P. On 19 Jul 2018 at about 1905hrs, I was travelling on Church Street and wanted to filter from the 3rd lane to the 2nd lane as I was going towards Collyer Quay. As traffic was very heavy I had to signal my intention to filter and move very slowly. As I was looking out for vehicles on my left to filter out slowly. I suddenly felt a slight bump and saw that the vehicle (SKT7455P) has suddenly stopped and I have bumped into her car's rear bumper. I have saw that the traffic light was green and traffic while slow was moving so I have no idea why she suddenly stopped her vehicle. Damage to her vehicle was slight scratches to her rear bumper's left portion damage to the vehicle I was driving was slight scratches to the front right bumper. While the damages were minor the other driver insisted on claiming insurance.

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	SKT7455P
Vehicle Make/Model/Colour	

Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	85220023
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



Driver's Nric (Front)



Driver's Nric (Back)



Driver's Driving License (Front)



Driver's Driving License (Back)

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

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive 04 Apr 1996
of the driver, and other motor vehicles =< 2500kg



NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo

