SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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	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
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	
Manufacturer	ВМW
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	
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	
Name of Driver	LIM EDDIE
NRIC No	S7521933D
Date Of Birth	04/07/1975
Occupation	INDOOR
Date Of Driving Pass	04/04/1996

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 SJR

Vehicle

SJR2733S

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Insurance Company of Driver's Own Vehicle NTUC Income Insurance Co-operative Ltd

-

NO

1

NO

NO

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? N

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Collision - Head to Rear (I hit a third party vehicle), #straightroad, Moving straight & Doving 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

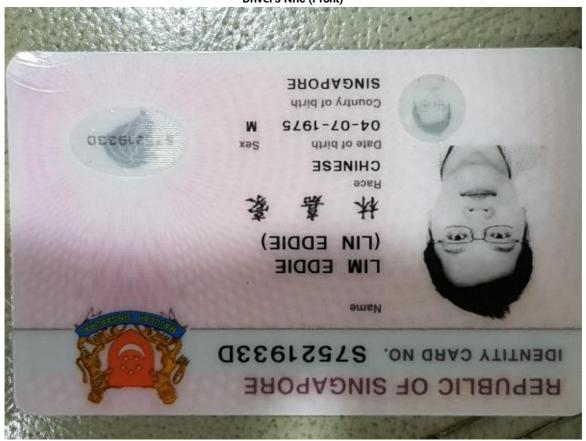
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



Driver's Nric (Front)



Driver's Nric (Back)



Driver's Driving License (Front)



Driver's Driving License (Back)



Accident Photo



Accident Photo



Accident Photo





